



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 5, 2018	2018_538144_0029	012975-18	Complaint

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**Licensee/Titulaire de permis**

Fiddick's Nursing Home Limited  
437 First Avenue P.O. Box 340 PETROLIA ON N0N 1R0

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**Long-Term Care Home/Foyer de soins de longue durée**

Fiddick's Nursing Home  
437 First Avenue P.O. Box 340 PETROLIA ON N0N 1R0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CAROLEE MILLINER (144)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 2 and 3, 2018**

**The following intake was completed during the inspection:**

**Intake 012975-18, IL57371-LO related to prevention of abuse and neglect, resident's bill of rights and nursing and personal support services.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nursing Coordinator and one Registered Practical Nurse.**

**During the course of the inspection, one resident clinical record, Personal Support Worker (PSW) schedules, the home's staffing policy and PSW contingency plan for staffing shortages were reviewed.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**



**Specifically failed to comply with the following:**

**s. 31. (3) The staffing plan must,**

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**
- (b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**
- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home's nursing and personal support services program staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

During review with the Nursing Coordinator (NC) of the Personal Support Worker (PSW) staffing schedules, it was noted that:

- on May 26 and 27, 2018, approximately 72 hours of PSW call-ins could not be replaced using the home's call-in procedure
- on June 1 and 2, 2018, approximately 82 hours of PSW call-ins could not be replaced using the home's call-in procedure
- on June 8 and 9, 2018, approximately 76 hours of PSW call-ins could not be replaced using the home's call-in procedure.

The NC shared that the home employed 28 full time and 15 part time PSW's.

The NC also shared that during 2018 to date, 11 PSW's were hired by the home and nine PSW's had left employment of the home.

The home's Staffing Policy and Procedure G-121 last reviewed in August 2018, included that staffing deficiencies would be discussed with the multidisciplinary team bi-weekly and that job descriptions were updated PRN based on the deficiencies.

The Staffing Policy and Procedure further included that deficiencies in staffing levels were monitored daily and annually by Human Resources, the Medical Secretary and Director of Care (DOC).

The Director of Care said that the nursing and personal support services program staffing plan had not been evaluated and updated during the last year.

The Administrator concurred with the DOC that the nursing and personal support services program staffing plan had not been evaluated and updated during the last year.

The licensee failed to ensure that the home's nursing and personal support services program staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.  
[s. 31. (3)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home's nursing and personal support services program staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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Issued on this 5th day of October, 2018

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**