

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

Rapport d'inspection prévue  
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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<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 18, 2019	2019_575214_0032	017315-19	Complaint

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**Licensee/Titulaire de permis**

Foyer Richelieu Welland  
655 Tanguay Ave WELLAND ON L3B 6A1

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

Foyer Richelieu Welland  
655 Tanguay Avenue WELLAND ON L3B 6A1

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

CATHY FEDIASH (214)

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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 17, 2019.**

**The following intake was completed during this complaint inspection:**

**017315-19- related to Registered Nurse staffing.**

**During the course of the inspection, the inspector(s) spoke with the Chief Administrative Officer (CAO); Director of Care (DOC); Resident Assessment Instrument (RAI) Coordinator; Scheduling/Payroll Coordinator; Registered Nurse (RN).**

**During the course of the inspection, the inspector(s) reviewed the complaint; resident listing report; home's staffing plan; Registered staff schedules and electronic attendance/payroll documentation.**

**The following Inspection Protocols were used during this inspection:  
Sufficient Staffing**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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 failed to ensure that there was a written staffing plan for the organized program of nursing services that included a back-up plan for nursing and personal care staffing that addressed situations when staff, including registered nurse staff as identified in subsection 8 (3) of the Act, could not come to work.

A review of complaint log #017315-19, indicated that a Registered Nurse (RN) had not been working in the home during a specified time period.

During an interview with the RAI Coordinator, they identified the home's daily RN staffing complement.

A review of the home's registered nurse staff schedules for an identified period of ten days, indicated that the home was staffed with a RN on each shift.

A review of the home's written back up plan for nursing and personal care and titled, "Staff Replacement Procedure", indicated that the home had a back up plan in place for RPN staff and PSW staff; however, had not contained a back up plan in place for RN staff.

An interview with the CAO on an identified date, indicated that the home's back up plan for RN's is that the RN working would remain until a replacement is available.

An interview with the DOC on an identified date, indicated that the home's back up plan for RN's is that the DOC would come in and work. The DOC confirmed that the home did not have a written staffing plan that included a back-up plan for RN staff. [s. 31. (3)]

**Issued on this 29th day of October, 2019**

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

**Original report signed by the inspector.**