

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

Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 21, 2020	2020_556168_0009	022982-19	Complaint

Licensee/Titulaire de permis

Diversicare Canada Management Services Co., Inc.
5290 Yonge Street Suite 200 NORTH YORK ON M2N 5P9

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

Hardy Terrace
612 Mount Pleasant Road, R.R. #2 BRANTFORD ON N3T 5L5

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

LISA VINK (168)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): Feb 25, 26, 27, 28, 2020 and March 2, 2020.

This inspection was conducted related to log 022982-19 for food service workers, minimum.

During the course of the inspection, the inspector(s) spoke with the Administrator and a cook/dietary aide.

During the course of the inspection, the inspector, reviewed staffing schedules and staffing reports.

**The following Inspection Protocols were used during this inspection:
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	
<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. 77. Food service workers, minimums

Specifically failed to comply with the following:

s. 77. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,

- (a) the preparation of resident meals and snacks; O. Reg. 79/10, s. 77 (1).**
- (b) the distribution and service of resident meals; O. Reg. 79/10, s. 77 (1).**
- (c) the receiving, storing and managing of the inventory of resident food and food service supplies; and O. Reg. 79/10, s. 77 (1).**
- (d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service. O. Reg. 79/10, s. 77 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that there were sufficient food service worker (FSW) hours for the home to meet the minimum staffing hours as calculated under subsection (2).

Based on the calculations under subsection (2), the long-term care home was required to have 318.15 FSW hours per week, based on a capacity of 101 residents.

The Administrator of the home confirmed that the home had an occupancy of at least 97 percent for an identified time period of 12 consecutive weeks starting in 2019 and into 2020.

Interview with the Administrator confirmed that the planned scheduled hours for FSWs was 318.15 hours per week or 45.45 hours a day.

The Administrator reported that the nutritional services department had part time dietary aide positions which they were not able to fill since October 2019; however, had just hired three dietary staff to fill vacant positions and that some of the new staff had already begun their orientation in the home.

Dietary schedules were reviewed for the identified time period of 12 weeks, along with a print out from the scheduling program which identified the total number of hours worked in the dietary department per day, excluding the Food Service Manager and Registered Dietitian.

The home did not ensure that there were sufficient FSW hours worked to meet the minimum staffing hours as calculated under subsection (2).

i. For week one the home had 300.534 hours of FSWs, which was a shortage of 17.616 hours for the seven day time period.

ii. For week two the home had 270.715 hours of FSWs, which was a shortage of 47.435

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hours for the seven day time period.

iii. For week three the home had 294.065 hours of FSWs, which was a shortage of 24.085 hours for the seven day time period.

iv. For week four the home had 292.634 hours of FSWs, which was a shortage of 25.516 hours for the seven day time period.

v. For week five the home had 306.15 hours of FSWs, which was a shortage of 12 hours for the seven day time period.

vi. For week six the home had 289.233 hours of FSWs, which was a shortage of 28.917 hours for the seven day time period.

vii. For week seven the home had 303 hours of FSWs, which was a shortage of 15.15 hours for the seven day time period.

viii. For week eight the home had 275.583 hours of FSWs, which was a shortage of 42.32 hours for the seven day time period.

ix. For week nine the home had 299.317 hours of FSWs, which was a shortage of 18.833 hours for the seven day time period.

x. For week ten the home had 295.117 hours of FSWs, which was a shortage of 23.033 hours for the seven day time period.

xi. For week eleven the home had 298.333 hours of FSWs, which was a shortage of 19.817 hours for the seven day time period.

xii. For week twelve the home had 313.733 hours of FSWs, which was a shortage of 4.417 hours for the seven day time period.

Interview with the Administrator confirmed that the minimum staffing hours as calculated under subsection (2) were not consistently scheduled or provided over the identified time period. [s. 77. (1) (a)]

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 there are sufficient food service worker (FSW) hours for the home to meet the minimum staffing hours as calculated under subsection (2), to be implemented voluntarily.

Issued on this 27th day of May, 2020

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

Original report signed by the inspector.