



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 8, 2014	2014_288549_0042	O-000861-14, O-000862-14	Follow up

Licensee/Titulaire de permis

HILLTOP MANOR NURSING HOME LIMITED
82 Colonel By Crescent Smiths Falls ON K7A 5B6

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

HILLTOP MANOR NURSING HOME LIMITED
1005 ST LAWRENCE STREET P.O. BOX 430 MERRICKVILLE ON K0G 1N0

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

RENA BOWEN (549)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 19 and 20, 2014

During the course of the inspection, the inspector(s) spoke with several Residents, a Registered Nurse, the Associate Director of Care and the Administrator.

During the course of the inspection , the inspector reviewed the home's compliance plan submitted to the Ministry dated August 22, 2014, medication audits, resident Medication Administration Records, several resident health care files, staff education sign in sheets and the home's Pain Management policy # G-60 dated July 30, 2014.

The following Inspection Protocols were used during this inspection:

- Pain
- Recreation and Social Activities

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #002	2014_199161_0017		549
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #001	2014_199161_0017		549



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 LTCHA, 2007 S.O. 2007, c.8, s. 71. Director of Nursing and Personal Care

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the long-term care home has a Director of Nursing and Personal Care. 2007, c. 8, s. 71. (1).

Findings/Faits saillants :



1. The licensee has failed to ensure there is a Director of Nursing and Personal Care.

As per O. Reg. 79/10 s. 213 (2) (4) In a home with a licensed capacity of more than 39 but fewer than 65 beds, the home's Director of Nursing and Personal Care works regularly in that position on site at the home for at least 24 hours per week. Hilltop Manor has a licensed capacity of 60 beds.

On November 19, 2014 the Associate Director of Care (ADOC) advised Inspector #549 that the Director of Care (DOC) has been away from the home on leave since September 1, 2014.

The ADOC confirmed that there has not been a qualified designated DOC since September 1, 2014 for the required 24hrs per week on site at the home.

The Associate Director of Care indicated that she is completing the administrative duties of the Director of Care. The day to day duties outside of the scope of practice of the Associate Director of Care whose designation is that of a Registered Practical Nurse are being completed by the scheduled Charge Registered Nurse(RN).

The home presently has 24/7 Registered Nurse coverage however, a second RN was not scheduled to assume the responsibilities of the Director of Nursing and Personal Care for at least 24hrs per week since September 1, 2014.

On November 20, 2014 the Administrator advised Inspector #549 that the Director of Nursing and Personal Care has been away from the home since September 1, 2014. The Administrator also confirmed to Inspector #549 that there has not been an identified qualified Director of Nursing and Personal Care since September 1, 2014. [s. 71. (1)]

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 at all times there is a qualified designated Director of Nursing and Personal Care for the required 24hrs a week as per the legislation, to be implemented voluntarily.



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Issued on this 8th day of December, 2014

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

Original report signed by the inspector.