

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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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 12, 2019	2019_743536_0014	008248-19, 008455- 19, 011430-19	Complaint

Licensee/Titulaire de permis

Six Nations of the Grand River
1745 Chiefswood Road P.O. Box 5000 Ohsweken ON N0A 1M0

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

Iroquois Lodge Nursing Home
1755 Chiefswood Road P.O. Box 309 Ohsweken ON N0A 1M0

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

CATHIE ROBITAILLE (536), KELLY HAYES (583)

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): June 21, 24, 25, 26, 27, July 2, 4, 5, 8, 9, 10 and 11, 2019.

The following inspections were completed concurrently with the Complaint Inspection.

Complaints:

008455-19: pertaining to: Prevention of Abuse, Skin & Wound Care, Medication Management

011430-19: pertaining to: Insufficient Staffing

Critical Incident System Reports:

009277-19: pertaining to: Prevention of Abuse

During the course of the inspection, the inspector(s) spoke with residents, personal support workers (PSW's), registered staff, Staff Educator, Environmental Supervisor, Food Service Supervisor, Resident Assessment Instrument-Minimum Data Set Co-Ordinator(RAI-MDS), Portfolio Leads/Interim Administrator/Director of Care.

The inspector(s) also toured the home, observed the provision of care and services provided, interviewed staff and residents, and reviewed relevant documents including but not limited to: health care records, training records, staffing schedules, meeting minutes and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Medication

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Sufficient Staffing

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

- 5 WN(s)**
- 4 VPC(s)**
- 2 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 LTCHA, 2007 S.O. 2007, c.8, s. 70.
Administrator**

Specifically failed to comply with the following:

**s. 70. (1) Every licensee of a long-term care home shall ensure that the home has
an Administrator. 2007, c. 8, s. 70. (1).**

Findings/Faits saillants :

The licensee of the long-term care home failed to ensure that the home had an Administrator.

Previously the Administrator and Director of Care (DOC) was combined into one role that was filled by a full-time staff member. The previous Administrator/DOC last worked in the home on an identified date.

Portfolio Lead #102 and #112 had been assisting in providing coverage for the Administrator/DOC role.

In an interview with Portfolio Lead #112, it was confirmed that Portfolio Lead #102 and #112 had not completed a program in long-term care home administration or management and were not enrolled to complete this, as required per O. Reg 79/10, s. 212(4), as they were assisting temporarily.

As required per O. Reg 70/10, s. 212 (2), in a home with a licensed bed capacity of 64 beds or fewer, the Administrator is required to work 16 hours per week.

As required per O. Reg 70/10, s. O. Reg 79/10, s. 213 (3), in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, the Director of Care is required to work 24 hours.

The total number of combined hours required for an Administrator/DOC role was 40 hours per week. Portfolio lead #112 shared that 40 hours per week coverage was not being provided by the leads who were temporarily assisting with coverage of the position.

It was shared by Portfolio lead #112, that the licensee was actively recruiting for the required Administrator and Director of Care positions, as required in the legislation; but from identified dates, the licensee failed to ensure that the home had an Administrator in the home. [s. 70. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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).

s. 71. (4) If the number of beds at a long-term care home is,
(a) equal to or greater than the prescribed number of beds, the licensee of the home shall ensure that the Director of Nursing and Personal Care works full-time in that position; 2007, c. 8, s. 71. (4).
(b) less than the prescribed number of beds, the licensee of the home shall ensure that Director of Nursing and Personal Care works in that position, on average, at least the number of hours per week that is prescribed for the number of beds at the home. 2007, c. 8, s. 71. (4).

Findings/Faits saillants :

1. The licensee of the long-term care home failed to ensure that the home had a Director of Nursing and Personal Care as per O. Reg 79/10, s. 213 (4).

Previously the Administrator and Director of Care (DOC) was combined into one role that was filled by a full-time staff member. The previous Administrator/DOC last worked in the home on an identified date.

Portfolio Lead #102 and #112 had been assisting in providing coverage for the Administrator/DOC role. In an interview with Portfolio Lead #112 it was confirmed that they had the credentials outlined in O. Reg. 79/10, s. 213 (4) but Portfolio Lead #102 did not as they were not a Registered Nurse.

During a week that was identified, Portfolio Lead #102 provided coverage and it was confirmed the licensee failed to ensure the home had a Director of Nursing and Personal Care to perform required duties. [s. 71. (1)]

2. The licensee of the long-term care home failed to ensure that the Director of Nursing and Personal Care worked in that position, on average, at least the number of hours per week that was prescribed for the number of beds in the home.

As required per O. Reg 70/10, s. O. Reg 79/10, s. 213 (4), in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, the Director of Care is required to work 24 hours.

Portfolio Lead #112 had been assisting in providing coverage for the Administrator/DOC role as of an identified date. They provided a copy of worked hours as DOC and confirmed they had the credentials for the role as required in the legislation. The schedule of hours worked were reviewed for a specified period., and shortages in hours were identified.

It was confirmed by records provided by the Portfolio Lead #112 and the Environmental Supervisor, who assisted with payroll activities, that there were a specified number of weeks for an identified period, where the licensee failed to ensure that there was a Director of Nursing and Personal Care that worked in the position for 24 hours per week. [s. 71. (4) (b)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector". 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 and ensuring that the home has a Director of Nursing and Personal Care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is, (a) an organized program of nursing services for the home to meet the assessed needs of the residents; and 2007, c. 8, s. 8 (1).

(b) an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system in place was in compliance with and was implemented. In accordance with applicable requirements under the Act and in accordance with s. 8. (1) (b), the long-term care home was required to ensure that there was an organized program of nursing and personal support services for the home to meet the assessed needs of the residents.

The home's policy titled: Mandatory Programmes, subsection: Assessing and Preventing Skin Breakdown, revised date: June 2012 stated: "The Interdisciplinary Skin Care Committee will review current and future practices and promote evidence based

practices in the provision of skin care and the prevention of skin breakdown. The committee shall meet on at least a quarterly basis and shall report to the Manager of Iroquois Lodge. The committee will make recommendations for further strategies including staff education. The committee will evaluate the programme on an annual basis.”

During interview with the Staff Educator, they confirmed that the home has not had a Skin and Wound Care Committee for an identified period of time. The Staff Educator also confirmed that an annual program evaluation had not been completed, on the Skin and Wound Care Program. The home failed to ensure that their Assessing and Preventing Skin Breakdown policy was complied with. [s. 8. (1) (b)]

2. The licensee has failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in O. Reg. 79/10, s. 45 (1) 1.

The long-term care home's license and the Staff Educator confirmed they had a bed capacity of 50.

For homes with a licensed bed capacity of 64 beds or fewer,

- i) a registered nurse who worked at the home pursuant to a contract or agreement between the nurse and the licensee and who was a member of the regular nursing staff could have been used,
- ii) in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act was met,

In this section, “emergency” means an unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home.

A registered practical nurse who was a member of the regular nursing staff could have been used if the Director of Nursing and Personal Care or a registered nurse who was both an employee of the licensee and a member of the regular nursing staff was available by phone.

A complaint was received on an identified date, where it was alleged that there was not always a Registered Nurse on site and on duty in the home 24 hours a day.

The registered nurse (RN) schedules were reviewed with the Environmental Supervisor, who assisted with payroll for nursing staff. Worked RN shifts were reviewed for an identified period of time.

On specified dates, there was no RN working in the building for the identified hours. On a specified date, registered practical nurse (RPN) #114 provided coverage for the scheduled RN. In an interview with the Environmental Supervisor it was shared that there was no documentation the back up plan was utilized and it was confirmed not to be an emergency situation. No coverage was provided for the RN shift at the times identified.

Again on another specified date, there was no RN working in the building for the identified hours. No coverage was provided for that shift at the times identified.

Portfolio Lead #113 confirmed an RN was not present and on duty in the home at all times on the specified dates. [s. 8. (3)]

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 and ensuring with that where the Act and the Regulations required that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in O. Reg. 79/10, s. 45 (1) 1, and that the home's policy Assessing and Preventing Skin Breakdown are complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 who was at risk of altered skin integrity, received a skin assessment by a member of the registered nursing staff upon return of the resident from hospital.

On an identified date, resident #001 was admitted to the hospital. On another identified date, resident #001 was re-admitted to the long-term care home. A review of the clinical records identified, that the homes "Return from Hospital/Leave of Absence Head/Toe Assessment" was not completed until a number of days later.

The head to toe assessment identified that resident #001 had a specified number of areas of altered skin integrity. During interview with the Staff Educator, they confirmed that it is the home's policy for a head to toe assessment to be completed within 24 hours of re-admission. The home failed to ensure that resident #001 received a skin assessment upon return from the hospital. [s. 50. (2) (a) (ii)]

2. The licensee has failed to ensure that resident #001 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

On an identified date, a Critical Incident Report (CIS) #2724-000008-19, intake #008455-19 and Complaint intake #008248-19 were both received at the Ministry of Long Term Care. Resident #001 was re-admitted to the long-term care home after their hospital stay. The Complaint alleged that resident #001 was not receiving ongoing consistent care to specified areas of altered skin integrity.

A review was completed of resident #001's weekly wound assessments for a period of identified dates. During this time, resident #001 had an identified number of areas with altered skin integrity when readmitted to the long term care home. The review identified that weekly wound assessments were missed for a specified number of required weekly wound assessment.

A review was completed with the Staff Educator of the weekly wound assessments for the areas of altered skin integrity identified. The Staff Educator confirmed that the specified weekly wound assessments were not completed on resident #001. The home failed to ensure that resident #001 received a weekly wound assessment on each of their areas of altered skin integrity. [s. 50. (2) (b) (iv)]

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 and ensuring that resident's who are at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from hospital, and weekly wound assessments if clinically indicated, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

2. Skin and wound care. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff who provided direct care to the residents received as a condition to continuing to have contact with residents training, as required in paragraph 6 of subsection 76 (7), in the area of skin and wound care, annually in accordance with O. Reg 79/10 s. 219 (1).

On an identified date, the Inspector was advised by the Staff Educator that direct care staff were trained by Surge Learning. A review of the Surge Learning courses identified that Skin and Wound Care was not being provided through online training. The Staff Educator also confirmed, that the only training provided had been on their skin and wound care dressing products. The home failed to ensure that direct care staff received annual training on skin and wound care. [s. 221. (1) 2.]

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 and ensuring that all staff who provide direct care to a resident, to be implemented voluntarily.

Issued on this 20th day of August, 2019

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CATHIE ROBITAILLE (536), KELLY HAYES (583)

Inspection No. /

No de l'inspection : 2019_743536_0014

Log No. /

No de registre : 008248-19, 008455-19, 011430-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Aug 12, 2019

Licensee /

Titulaire de permis : Six Nations of the Grand River
1745 Chiefswood Road, P.O. Box 5000, Ohsweken, ON,
N0A-1M0

LTC Home /

Foyer de SLD : Iroquois Lodge Nursing Home
1755 Chiefswood Road, P.O. Box 309, Ohsweken, ON,
N0A-1M0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Holly Cowan

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

To Six Nations of the Grand River, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 70. (1) Every licensee of a long-term care home shall ensure that the home has an Administrator. 2007, c. 8, s. 70. (1).

Order / Ordre :

The licensee must be compliant with s. 70 (1) of the LTCHA.

Specifically, the licensee shall prepare, submit and implement a plan to ensure the home has an Administrator.

The plan must include, but is not limited, to the following:

- 1) The home will recruit a qualified Administrator
- 2) Identify strategies that will be put into place until a qualified Administrator is hired

Please submit the written plan, quoting log number 2019_743536_0014 and inspector CATHIE ROBITAILLE by email to HamiltonSAO.moh@ontario.ca by August 28, 2019.

Grounds / Motifs :

1. The licensee of the long-term care home failed to ensure that the home had an Administrator.

Previously the Administrator and Director of Care (DOC) was combined into one role that was filled by a full-time staff member. The previous Administrator/DOC last worked in the home on an identified date.

Portfolio Lead #102 and #112 had been assisting in providing coverage for the Administrator/DOC role.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

In an interview with Portfolio Lead #112, it was confirmed that Portfolio Lead #102 and #112 had not completed a program in long-term care home administration or management and were not enrolled to complete this, as required per O. Reg 79/10, s. 212(4), as they were assisting temporarily.

As required per O. Reg 70/10, s. 212 (2), in a home with a licensed bed capacity of 64 beds or fewer, the Administrator is required to work 16 hours per week.

As required per O. Reg 70/10, s. O. Reg 79/10, s. 213 (3), in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, the Director of Care is required to work 24 hours.

The total number of combined hours required for an Administrator/DOC role was 40 hours per week. Portfolio lead #112 shared that 40 hours per week coverage was not being provided by the leads who were temporarily assisting with coverage of the position.

It was shared by Portfolio lead #112, that the licensee was actively recruiting for the required Administrator and Director of Care positions, as required in the legislation; but from identified dates, the licensee failed to ensure that the home had an Administrator in the home. [s. 70. (1)]

The severity of this issue was determined to be a level 1 as there was no harm or risk to the residents. The scope of the issue was a level 3 as it related to the individuals covering for the Administrator having no qualifications as required by legislation. The home had a level 1 history of no previous non-compliance with this subsection of the Act. (583)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Oct 14, 2019

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 71. (4) If the number of beds at a long-term care home is,

(a) equal to or greater than the prescribed number of beds, the licensee of the home shall ensure that the Director of Nursing and Personal Care works full-time in that position;

(b) less than the prescribed number of beds, the licensee of the home shall ensure that Director of Nursing and Personal Care works in that position, on average, at least the number of hours per week that is prescribed for the number of beds at the home. 2007, c. 8, s. 71. (4).

Order / Ordre :

The licensee must be compliant with s. 71 (4) (b) of the LTCHA.

Specifically the licensee must the licensee shall prepare, submit and implement a plan to ensure the home has a qualified Director of Care:

1) The home will ensure that the Director of Nursing and Personal Care is Registered Nurse

2) Identify strategies that will be put into place until a qualified Director of Nursing and Personal Care is hired

Please submit the written plan, quoting log number 2019_743536_0014 and inspector CATHIE ROBITAILLE by email to HamiltonSAO.moh@ontario.ca by August 28, 2019.

Grounds / Motifs :

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

1. The licensee of the long-term care home failed to ensure that the Director of Nursing and Personal Care worked in that position, on average, at least the number of hours per week that was prescribed for the number of beds in the home.

As required per O. Reg 70/10, s. O. Reg 79/10, s. 213 (4), in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, the Director of Care is required to work 24 hours.

Portfolio Lead #112 had been assisting in providing coverage for the Administrator/DOC role as of an identified date. They provided a copy of worked hours as DOC and confirmed they had the credentials for the role as required in the legislation. The schedule of hours worked were reviewed for a specified period., and shortages in hours were identified.

It was confirmed by records provided by the Portfolio Lead #112 and the Environmental Supervisor, who assisted with payroll activities, that there were a specified number of weeks for an identified period, where the licensee failed to ensure that there was a Director of Nursing and Personal Care that worked in the position for 24 hours per week. [s. 71. (4) (b)]

The severity of this issue was determined to be a level 2 as there was minimal harm or minimal risk to the residents. The scope of the issue was a level 2 as there was a pattern as it had occurred several times. The home had a level 1 history of no previous non-compliance with this subsection of the Act. (583)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Oct 14, 2019

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 12th day of August, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Cathie Robitaille

Service Area Office /

Bureau régional de services : Hamilton Service Area Office