



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 29, 2017	2016_205129_0014	031162-16	Complaint

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
3200 Dufferin Street Suite 407 TORONTO ON M6A 3B2

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

ANSON PLACE CARE CENTRE
85 Main Street North Hagersville ON N0A 1H0

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

PHYLLIS HILTZ-BONTJE (129), LESLEY EDWARDS (506), LISA VINK (168)

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 27th, November 10th, 15th, 16th, 17th and December 12th, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Training/Orientation Lead, Nursing Clerk, Registered Nurses (RN), Registered Practical Nurses (RPN) and Personal Support Workers (PSW).

During the course of the inspection the Inspector reviewed clinical records, training/orientation records, policies and procedures, staffing schedules, complaint and critical incident records, service contracts the home maintained with an employment agency and the pharmacy provider and also reviewed care and services with respect to medication administration and medication management.

The following Inspection Protocols were used during this inspection:

**Critical Incident Response
Medication
Reporting and Complaints
Sufficient Staffing
Training and Orientation**

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

**4 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>Legendé</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. 8. Nursing and personal support services

Specifically failed to comply with the following:

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 failed to ensure that there was at least one Registered Nurse (RN) who was an employee of the licensee and was member of the regular nursing staff was on duty and present at all times.

Anson Place is a long term care home with a licensed capacity of 61 beds. The planned staffing pattern for RN staff in the home, for the direct care of residents, was one RN 24 hours a day, as identified on schedules provided by the home and confirmed by staff #605 as well as the Director of Care (DOC).

During an interview on December 12, 2016 the DOC identified that the home did not currently have a sufficient number of RNs on staff to fill all the shifts related to staffing events such as sick calls and vacation coverage. The DOC confirmed that the home consistently offers additional shifts to regular RNs to fill these vacant shifts; however, when the RNs employed by the home are unwilling or unable to work one or more of the required shifts the home will fill those shifts with RNs employed with an employment agency. On request the home provided a list of shifts from July 9 2016 to December 9, 2016, which were filled with RNs employed with an employment agency to ensure that a RN was on site 24 hours a day. This list identified that the home used agency RNs on eight occasions (1.7% of the total shifts worked by RNs) over the above noted period of time. The DOC confirmed that the need to fill these RN shifts were not the results of emergency situations.

The home did not ensure that there was at least one registered nurse who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times. [s. 8. (3)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 46. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario. O. Reg. 79/10, s. 46.

Findings/Faits saillants :



1. The licensee failed to ensure that every member of the staff who performs duties in the capacity of Registered Nurse or Registered Practical Nurse had the appropriate current certificate of registration with the College of Nurses of Ontario.

Registered Nurse (RN) #601 and RN #603 worked at the long term care home as RNs, as arranged by their employer, an employment agency who held a contract with the home, to provide professional nursing services on request.

RN #601 and RN #603 were identified as "staff" according to the interpretation of "staff" in the LTCHA, 2007, as a person who worked at the home, pursuant to a contract or agreement between the, licensee and an employment agency or other third party.

RN #601 first performed the duties of a RN in the home on an identified date in 2016, and continued to work in this capacity for two subsequent shifts in 2016. RN #603 first performed the duties of a RN in the home on an identified date in 2015, and continued to work in this capacity for five subsequent shifts in 2015 and worked four subsequent shifts in 2016.

During an interview the Director of Care (DOC) confirmed that the home had not complied with the home's policy, "Scheduling agency Utilization/Home's Staffing Stats" when staff did not request a copy of RN #601 and RN #603's certificate of registration with the College of Nurses of Ontario at the beginning of their shift, as was directed in the policy. The DOC also confirmed that no other action was taken to ensure that the two identified RN staff had current certificates of registration with the College of Nurses of Ontario before performing the duties of a RN in the home.

During this inspection the home immediately put in place a plan to ensure compliance. [s. 46.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures

Specifically failed to comply with the following:

s. 75. (2) The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age. 2007, c. 8, s. 75. (2).



Findings/Faits saillants :

1. The licensee failed to ensure that screening measures including criminal reference checks were conducted in accordance with the regulations before hiring staff.

Registered Nurse (RN) #603 and Personal Support Worker (PSW) #602 worked at the long term care home as agency staff, as arranged by their employer, an employment agency who held a contract with the home, to provide professional nursing services on request.

The above noted staff were identified as "staff" according to the interpretation of "staff" in the LTCHA, 2007, as a person who worked at the home, pursuant to a contract or agreement between the, licensee and an employment agency or other third party.

In accordance with O. Reg.79/10. s. 234 (1) and (4) the licensee must keep a record of a staff's criminal reference check for any staff member that falls under clause (c) of the interpretation of staff.

The DOC and documents provided by the home confirmed RN staff #603 worked in the home on April 5, 15, 16, 17, May 13, September 24, 2015 as well as on February 2, 15, 24 and 25, 2016 and PSW staff #602 worked in the home on February 11, 2015.

During an interview the DOC confirmed that they had not verified that criminal reference checks had been obtained by the employment agency that employed the above noted staff, the home had not requested the identified staff provide verification of a completed criminal reference check before they performed their responsibilities in the home and that no other actions had been taken to ensure that this screening measure had been conducted for the above noted staff.

During this inspection the home immediately put in place a plan to ensure compliance. [s. 75. (2)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76.
Training**



Specifically failed to comply with the following:

s. 76. (1) Every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section. 2007, c. 8, s. 76. (1).

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that all staff at the home received training as required. The licensee failed to ensure that all staff received training in the following areas before they perform their responsibilities:

- 1. The Residents' Bill of Rights.**
- 2. The long-term care home's mission statement.**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.**
- 4. The duty under section 24 to make mandatory reports.**
- 5. The protections afforded by section 26.**
- 6. The long-term care home's policy to minimize the restraining of residents.**
- 7. Fire prevention and safety.**
- 8. Emergency and evacuation procedures.**



9. Infection prevention and control.

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee that are relevant to the person's responsibilities.

11. Any other areas provided for in the regulations. 2007, c. 8, s. 76 (2).

Registered Nurse (RN) #603, #601 and Personal Support Worker (PSW) #602, who worked in the home, were identified as "staff" according to the interpretation of "staff" in the LTCHA, 2007, as a person who worked at the home, pursuant to a contract or agreement between the licensee and an employment agency or other third party.

a) The Director of Care (DOC) and documentation provided by the home confirmed that RN #603 first performed their responsibilities in the home on an identified date in 2015.

The DOC and staff #604 confirmed that the home used a computerized training system to provide training/education and at the time of this inspection they were unable to provide any training documents to confirm that RN #603 had received the mandatory training in the areas required before performing their responsibilities, specifically:

- i. Resident's Bill of Rights,
- ii. The long term care home's mission statement,
- iii. The home's policy to promote zero tolerance of abuse and neglect of residents,
- iv. The duty under section 24 to make mandatory reports,
- v. The protection afforded by section 26,
- vi. The home's policy to minimize the retraining of residents,
- vii. Fire prevention and safety,
- viii. Emergency evacuation procedures,
- ix. Infection prevention and control,
- x. The written procedures for handling complaints and the role of staff in dealing with complaints, safe and correct use of equipment, including; therapeutic equipment, mechanical lifts, assistive devices and positioning aids, as well as cleaning and sanitizing of equipment relevant to the staff members responsibilities, as required in O. Reg. 79/10 s. 218,
- xi. Hand hygiene, modes of infection transmission, cleaning and disinfecting practices and use of personal protective equipment, as required in O. Reg. 79/10, s. 219 (4).

b) The DOC and documentation provided by the home confirmed that RN #601 first performed their responsibilities in the home on an identified date in 2016.

Training documents provided by the home confirmed that RN #601 had not received the



mandatory training in the areas required before performing their responsibilities, specifically:

- i) The long term care home's mission statement, and
- ii) The long term care home's policy to promote zero tolerance of abuse and neglect of residents.

c) The DOC and documentation provided by the home confirmed that PSW #602 first performed their responsibilities in the home on an identified date in 2016.

Training documents provided by the home confirmed that PSW #602 had not received the mandatory training in the areas required before performing their responsibilities, specifically:

- i) The Resident's Bill of Rights, and
- ii) The long term care home's mission statement [s. 76. (1)]

Issued on this 14th day of July, 2017

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

Original report signed by the inspector.