



**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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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 24, 2017	2016_556168_0030	033487-16	Complaint

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**Licensee/Titulaire de permis**

PARK LANE TERRACE LIMITED  
284 CENTRAL AVENUE LONDON ON N6B 2C8

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

PARK LANE TERRACE  
295 GRAND RIVER STREET NORTH PARIS ON N3L 2N9

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

LISA VINK (168), LESLEY EDWARDS (506)

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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): November 30, 2016,  
December 1, 8, 9, 22, 2016.**

**This complaint inspection was conducted related to the administration of drugs.**

**This inspection was conducted, in part, concurrently with "Other" inspection,  
report number 2016-556168-0026, for log number 033142-16.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,  
Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN),  
Resident Assessment Instrument (RAI) coordinator, the pharmacist, the Office  
Manager, the Staff Educator, office staff and residents.**

**During the course of the inspection, the inspectors: toured the home, observed the  
provision of care, reviewed records including clinical records, staffing schedules,  
training records, employee files and relevant policies and procedures.**

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

**Critical Incident Response  
Hospitalization and Change in Condition  
Medication  
Reporting and Complaints  
Sufficient Staffing  
Training and Orientation**

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

**4 WN(s)  
3 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. 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 were conducted in accordance with the regulations before they hired staff.



Ontario Regulation 79/10 section 215(1)(2) identifies that the section applies where a criminal reference check is required before a licensee hires a staff member, as set out in subsection 75(2) of the Act, and that the criminal reference check must be, conducted by a police force; and conducted within six months before the staff member is hired by the licensee.

Subsection 75(3) of the Act, identifies that a staff member who is agency staff, is considered hired when he or she first works in the home.

A. Employee records provided by the home identified that staff #207 began employment at the home in 2015, who was responsible to provide direct care to residents. A review of the employee file included a criminal reference check, a Police Vulnerable Sector Check, dated as being completed in 2016.

The employee file was shown to the Administrator who identified that previously the home allowed employees to begin work at the home, without the completed screening; however, it was to be provided before the completion of their probation period and if it was a positive check the employee would be terminated with cause from the home.

B. Employee records provided by the home identified that staff #208 began employment at the home in 2016, who was responsible to provide direct care to residents.

A review of the employee file did not include a criminal reference check.

The employee file was discussed with the Administrator who reviewed the file and verified that the home did not have a copy of the employee's criminal reference check. The Administrator was unable to determine if the home had received the check as required.

C. Agency RN #200 worked at the home occasionally over two months in 2015. The Administrator confirmed that the home had not verified that a criminal reference check had been obtained from the agency that employed this staff nor had they requested the staff provide verification of a completed criminal reference check before they performed their responsibilities in the home.

Ontario Regulation 79/10 section 234(1)3 identifies that the licensee is required to ensure that a record is maintained for each staff member of the home that includes the staff member's criminal reference check, as required under subsection 75(2) of the Act.

The Administrator identified that since the time that RPN #207, #208 and agency RN #200 began their work at the home, the home has since implemented a change in process, that effective immediately screening must be completed, prior to an individual



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working at the home, as required in the legislation.

Findings "A" and "B" of this of non compliance were identified during the "Other" inspection conducted, in part, concurrently with this inspection and identified as inspection number 2016-556168-0029 and log number 33142-16. [s. 75. (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 to ensure that screening measures are conducted in accordance with the regulations before they hired staff, to be implemented voluntarily.***

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**WN #2: 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 performed their responsibilities: Residents' Bill of Rights, the home's mission statement, policy to promote zero tolerance of abuse and neglect of residents, duty to make mandatory reports under section 24, whistle-blower protections under section 26, policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, infection prevention and control, all Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee that were relevant to the person's responsibilities and any other areas provided for in the regulations.

A. RPN #207 began their employment at the home in 2015.

Records provided by the Office Manager identified that the RPN worked their first shift,



independently, in the home later that same month and at that time was responsible for the direct care of residents and was required to perform the responsibilities of their position without the constant supervision of another staff member.

Orientation records provided by the Staff Educator identified that the RPN did not receive the mandatory training in each area as required before performing their duties, specifically:

- i. the licensee's written procedures for handling complaints and the role of staff in dealing with complaints, as required in Ontario Regulation 79/10 section 218, which was not completed until 2016, and
- ii. cleaning and disinfection practices, as required in Ontario Regulation 79/10 section 219 (4), was not completed until approximately 10 days after they worked independently.

B. Employee #208 began their employment at the home in 2015.

Records prepared by the Office Manager identified that the employee worked their first shift, independently, in the home the following month and at that time was responsible for the direct care of residents and was required to perform the responsibilities of their position without the constant supervision of another staff member.

The Staff Educator identified that the employee was not provided with their general orientation training until approximately two months after they worked independently.

Orientation records provided by the Staff Educator identified that the employee did not receive the mandatory training in each area as required before performing their duties, specifically:

- i. the Residents' Bill of Rights, which was completed during their general orientation
- ii. the home's mission statement, which was completed during their general orientation
- iii. the home's policy to promote zero tolerance of abuse and neglect of residents, which was completed during their general orientation
- iv. the duty to make mandatory reports under section 24, which was completed during their general orientation
- v. the whistle-blower protections under section 26, which was completed during their general orientation
- vi. the home's policy to minimize the restraining of residents, which was completed during their general orientation
- vii. fire prevention and safety, which was completed during their general orientation
- viii. emergency and evacuation procedures, which was completed during their general orientation
- ix. infection prevention and control, which was completed during their general orientation
- x the licensee's written procedures for handling complaints and the role of staff in dealing with complaints, as required in Ontario Regulation 79/10 section 218, which was



completed after their during their general orientation

xi. safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that was relevant to the staff member's responsibilities, as required in Ontario Regulation 79/10 section 218, which was completed during their general orientation

xii. cleaning and sanitizing of equipment relevant to the staff member's responsibilities, as required in Ontario Regulation 79/10 section 218, which was completed during their general orientation

xiii. hand hygiene, as required in Ontario Regulation 79/10 section 219 (4), which was completed during their general orientation

xiv. modes of infection transmission, as required in Ontario Regulation 79/10 section 219 (4), which was completed during their general orientation

xv. cleaning and disinfection practices, as required in Ontario Regulation 79/10 section 219 (4), which was completed during their general orientation

xvi. use of personal protective equipment, as required in Ontario Regulation 79/10 section 219 (4), which was completed during their general orientation.

C. Agency RN #200 worked at the home, as arranged by their employer, an employment agency who held a contract with the home, to provide professional nursing services on request, in 2015.

RN #200 was 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.

The Administrator, reviewed the shifts worked by the RN and identified they were to cover vacation time, of regular employees of the home, and/or to cover sick calls and not due to an emergency situation.

The home had a process in place for agency staff to arrive at the home, prior to their shift, read the Agency Staff Binder and sign that they had reviewed the contents of the binder.

A review of the Agency Staff Binder verified that it included all of the required information and policies/procedures to be completed before staff performed their responsibilities as set out in the LTCHA.

The binder did not include the signature of RN #200 for the completion of the required training in 2015, as verified by the Administrator and DOC.

The binder did include an entry, which indicated that RN #200, reviewed the required information in 2016; however, the agency nor home was able to provide a record of the RN working at the home on the identified day, or in 2016.

The Staff Educator verified that in 2015, the home did not consistently ensure that





agency staff reviewed and/or signed off on the required training; however, this was now the current practice in the home.

The home was not able to provide a record or information to support that training was provided to RN #200 prior to performing their duties in 2015.

Interviews with the Staff Educator and Administrator identified their immediate plans to change their practice of orientation and training for staff. All future staff will be required to complete four hours of mandatory online training, the day they formally accept their position, followed by an onsite four hour orientation training session before the end of their orientation shifts, when they are under the constant supervision of other staff.

Findings "A" and "B" of this of non compliance were identified during the "Other" inspection conducted, in part, concurrently with this inspection and identified as inspection number 2016-556168-0029 and log number 33142-16. [s. 76. (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 to ensure that all staff at the home receive training as required, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 234. Staff records**



**Specifically failed to comply with the following:**

**s. 234. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:**

- 1. The staff member's qualifications, previous employment and other relevant experience. O. Reg. 79/10, s. 234 (1).**
- 2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession. O. Reg. 79/10, s. 234 (1).**
- 3. Where applicable, the results of the staff member's criminal reference check under subsection 75 (2) of the Act. O. Reg. 79/10, s. 234 (1).**
- 4. Where applicable, the staff member's declarations under subsection 215 (4). O. Reg. 79/10, s. 234 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a record was kept for each staff member of the home that included at least the following with respect to the staff member: where applicable, verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she was a member, or verification of the staff member's current registration with the regulatory body governing his or her profession.

A. It was identified by the Administrator that the home had a staffing plan and a minimum staffing level that they would maintain to provide care and services to the residents. When the home was unable to achieve this level, with staff employed by the home, they utilized the services of employment agencies, who held a contract with the home, to provide professional nursing services on request.

There was a contract between the home and an agency which identified that all staff provided would be in good standing with the College of Nurses (CNO) and that the company would endeavor to provide proof of insurance, WSIB (Workplace Safety and Insurance Board) and proof of registration/license upon request.

Agency RN #200 worked at the home and was responsible to provide direct care of residents in 2015. The home had not requested proof of registration/license, from the

agency or the staff member, nor had they verified the nurses standing with the CNO by other means such as the CNO "Find a Nurse" website as identified by the Administrator. The home did not maintain a record of the RN's verification of current registration with the CNO.

Interview with the Administrator verified the past practice, when they utilized the services of agencies to provide registered nursing staff, that they had not consistently requested proof of registration/license with the CNO, nor checked the status for the specific registrant, who worked in the home, as it was assumed that the agency screened staff as outlined in their contact.

B. RPN #206 was hired by the home in 2015. A review of the employee file did not include proof of registration or a certificate of competence with the CNO for 2015, only their 2016 Renewal/Proof of Payment document from the CNO. Interview with the Administrator identified that previously the home would check an applicant's status with the CNO using the "Find a Nurse" website and if this was satisfactory the home would interview and hire, the applicant if acceptable; however, they did not consistently maintain a copy of the information obtained in "Find a Nurse".

Item "B" of this finding of non compliance was identified during the "Other" inspection conducted, in part, concurrently with this inspection and identified as inspection number 2016-556168-0029 and log number 33142-16. [s. 234. (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 to ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member: where applicable, verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession, to be implemented voluntarily.***

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**WN #4: 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 who was an employee of the licensee and was a member of the regular nursing staff on duty and present at all times.

Park Lane Terrace is a long term care home with a licensed capacity of 132 beds. The planned staffing pattern for RNs in the home, for the direct care of residents, is two RNs on the day shift five days a week and one RN on the day shift two days a week; and one RN on both the evening and night shifts seven days a week. The home also utilizes a mix of RPNs and personal support workers to meet the nursing and personal care needs of residents, as identified by the DOC.

Interview with the Administrator identified that the home does have a sufficient number of RNs on staff to fill all of the required shifts in the staffing plan; however, occasionally due to vacation coverage or illness there are times when the home has vacant shifts which need to be filled. It was identified that the home consistently offers additional shifts to regular RNs to fill these vacant shifts; offers overtime and working down (for example a RN may fill the vacant shift of a RPN at RN wages); however, when the RNs employed by the home are unwilling or unable to work the vacant shifts the home may fill the required shifts with RNs employed with an employment agency, to ensure that there is an RN onsite 24 hours a day seven days a week.

On request the Office Manager provided a list of the shifts worked by agency RNs, when they were the only RN in the building, over an identified period of time. It was identified that there were a total of 12 shifts when the home had only one RN in the building, an agency RN, who was not a member of the regular nursing staff.

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



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**Issued on this 30th day of May, 2017**

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

**Original report signed by the inspector.**