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

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

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

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 8, 2016	2016_280541_0032	027283-16	Complaint

Licensee/Titulaire de permis

Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

RIVERVIEW MANOR NURSING HOME
1155 WATER STREET PETERBOROUGH ON K9H 3P8

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

AMBER LAM (541)

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): October 27, 28, 31 and November 1, 2016

The following log was inspected during this inspection:
Log #027283-16: a complaint regarding Registered Nursing coverage

During the course of the inspection, the inspector(s) spoke with the Administrator and the Assistant Director of Care.

The following Inspection Protocols were used during this inspection:
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
2 WN(s)
0 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 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 has failed to ensure that at least one registered nurse who is an

employee of the licensee and a member of the regular nursing staff is on duty and present at all times unless there is an allowable exception to this requirement.

Re: Log #027283-16

On a specified date in 2016 a complaint was submitted to the Ministry of Health and Long-Term Care indicating the home did not have a Registered Nurse working in the building at all times over the course of the summer.

Riverview Manor is a 124 bed long-term care home. Inspector #541 requested and received from the Administrator, the home's schedule of Registered Nurses who worked during the months of June, July and August 2016. The home did not have an RN working in the building at all times on the following dates and shifts:

June 26: 0700-1500 hours
July 17: 0700-1100 hours
July 22: 7.5 hours on 0700-1500 shift
July 23: 1500-2300 hours
July 24: 1500-2300 hours
August 13: 1500-2300 hours
August 16: 1900-2300 hours
August 18: 1900-2300 hours
August 20: 4 hours on 1500-2300 hour shift
August 21: 4 hours on 1500-2300 hour shift
August 24: 0700-1500 hours
August 25: 1500-2300 hours
August 27: 1500-2300 hours
August 28: 1500-2300 hours
August 29: 0700-1500 hours
August 31: 1500-2300 hours

The Administrator confirmed with Inspector #541 on November 3, 2016 during an telephone interview that the shifts not covered are not a result of an emergency situation defined by Ontario Regulation 79/10 s.45(1)(2) therefore the exception to the requirement in Ontario Regulation 79/10 s. 45. (1) 2. does not apply.

During an interview with the home's Administrator, she acknowledged the above noted dates did not have full RN coverage and indicated the home is currently in the process of

hiring another full time RN. [s. 8. (3)]

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 O.Reg 79/10, s. 213. Director of Nursing and Personal Care

Specifically failed to comply with the following:

s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:
1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week. O. Reg. 79/10, s. 213 (1).
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week. O. Reg. 79/10, s. 213 (1).
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week. O. Reg. 79/10, s. 213 (1).
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week. O. Reg. 79/10, s. 213 (1).
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the DONPC work regularly in that position on site for at least the following amount of time per week:
5. In a home with 65 or more licensed beds, at least 35 hours.

During the inspection it was noted by Inspector #541 that the home did not have a Director of Care (DOC) in place.
Riverview Manor is a 124 bed long-term care home therefore the Director of Care is required to work in that position on-site for at least 35 hours per week.

The Administrator informed Inspector #541 that the home's permanent DOC is on maternity leave. An RN from the home was placed into the Acting DOC role for this time period however as of August 18, 2016 the Acting DOC was placed on administrative leave pending an ongoing investigation. Since August 18, 2016 the home has not had a DOC on-site for at least 35 hours per week.

It was further noted upon review of the RN schedule for the period of June, July and August 2016 that the DOC was working as the sole RN in the building and not working in her capacity as the DOC on the following dates and shifts:

June 20: 0700-1500 hours
July 25: 0700-1500 hours
June 28: 0700-1500 hours
August 1: 0700-1100 hours
August 2, 3, & 4: 0700-1500 hours

As per LTCHA 2007 s. 8(4) During the hours that an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long-term care home for the purposes of subsection(3) except as provided for in the regulations.

During an interview with the Administrator on October 31, 2016 she confirmed there has been nobody acting in the DOC role since August 18, 2016 however the home's permanent DOC is returning from maternity leave on November 14, 2016. [s. 213. (1)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 10th day of November, 2016

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

Original report signed by the inspector.

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) :	AMBER LAM (541)
Inspection No. / No de l'inspection :	2016_280541_0032
Log No. / Registre no:	027283-16
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Nov 8, 2016
Licensee / Titulaire de permis :	Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner 2020 Fisher Drive, Suite 1, PETERBOROUGH, ON, K9J-6X6
LTC Home / Foyer de SLD :	RIVERVIEW MANOR NURSING HOME 1155 WATER STREET, PETERBOROUGH, ON, K9H-3P8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	MARY ANNE GRECO

To Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner, you are hereby required to comply with the following order(s) by the date(s) set out below:

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. 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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that the home has at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home on duty and present in the home at all times, except as provided for in the regulations. The plan shall also include all recruiting and retention strategies.

This plan must be submitted in writing to Amber Lam, LTCH Inspector by fax at 613-569-9670 on or before November 15, 2016.

Grounds / Motifs :

1. The licensee has failed to ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff is on duty and present at all times unless there is an allowable exception to this requirement.

Re: Log #027283-16

A complaint was submitted to the Ministry of Health and Long-Term Care on a specified date in 2016 indicating the home did not have a Registered Nurse working in the building at all times over the course of the summer.

Riverview Manor is a 124 bed long-term care home. Inspector #541 requested and received from the Administrator, the home's schedule of Registered Nurses who worked during the months of June, July and August 2016. The home did not have an RN working in the building at all times on the following dates and shifts:

June 26: 0700-1500 hours
July 17: 0700-1100 hours
July 22: 7.5 hours on 0700-1500 shift
July 23: 1500-2300 hours
July 24: 1500-2300 hours
August 13: 1500-2300 hours
August 16: 1900-2300 hours
August 18: 1900-2300 hours
August 20: 4 hours on 1500-2300 hour shift
August 21: 4 hours on 1500-2300 hour shift
August 24: 0700-1500 hours
August 25: 1500-2300 hours
August 27: 1500-2300 hours
August 28: 1500-2300 hours
August 29: 0700-1500 hours
August 31: 1500-2300 hours

The Administrator confirmed with Inspector #541 during a telephone interview on November 3, 2016 that the shifts not being covered are not a result of an emergency situation defined by Ontario Regulation 79/10 s.45(1)(2) therefore the exception to the requirement in Ontario Regulation 79/10 s. 45. (1) 2. does not apply.

During an interview with the home's Administrator, she acknowledged the above noted dates did not have full RN coverage and indicated the home is currently in the process of hiring another full time RN.

The decision to issue a Compliance Order order is based on the fact that on 16 occasions for a 3 month period of time the licensee did not ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff is on duty and present at all times unless there is an allowable exception to this requirement. The absence of an RN who is familiar with residents that reside in the Long-Term Care Home, potentially poses a risk to resident safety and affects every resident in the Home. (541)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2017

Order # / Ordre no : 002 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:
1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).

Order / Ordre :

The licensee shall ensure that while the Director of Nursing and Personal Care (DONPC) is on a leave of absence there must be a Registered Nurse one site to act fully as the DONPC in her absence to meet the required minimum of 24 hours per week, while ensuring that the requirements set under section 8 (1) of the LTCH Act 2007 are met.

Grounds / Motifs :

1. The licensee has failed to ensure that the Director of Nursing and Personal Care (DONPC) work regularly in that position on site for at least the following amount of time per week:
5. In a home with 65 or more licensed beds, at least 35 hours.

During the inspection it was noted by Inspector #541 that the home did not have a Director of Care (DOC) in place.
Riverview Manor is a 124 bed long-term care home therefore the Director of Care is required to work in that position on-site for at least 35 hours per week.

The Administrator informed Inspector #541 that the home's permanent DOC is on maternity leave. An RN from the home was placed into the Acting DOC role for this time period however as of August 18, 2016 the Acting DOC was placed on administrative leave pending an ongoing investigation. Since August 18, 2016 the home has not had a DOC on-site for at least 35 hours per week.

It was further noted upon review of the RN schedule for the period of June, July and August 2016 that the DOC was working as the sole RN in the building and not working in her capacity as the DOC on the following dates and shifts:

June 20: 0700-1500 hours
July 25: 0700-1500 hours
June 28: 0700-1500 hours
August 1: 0700-1100 hours
August 2, 3, & 4: 0700-1500 hours

As per LTCHA 2007 s. 8(4) During the hours that an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long-term care home for the purposes of subsection(3) except as provided for in the regulations.

During an interview with the Administrator on October 31, 2016 she confirmed there has been nobody acting in the DOC role since August 18, 2016 however the home's permanent DOC is returning from maternity leave on November 14, 2016.

The decision to issue a Compliance Order is based on the fact the licensee did not have a DOC working on-site in the capacity of the DOC for 7 dates over a three month period and has not had a DOC on-site for 35 hours since August 18, 2016. In addition, over the same period of time the licensee failed to ensure there was an RN in the building on 16 dates. The absence of an RN who is familiar with residents that reside in the Long-Term Care Home, potentially poses a risk to resident safety and affects every resident in the Home. (541)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2016

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 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 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 8th day of November, 2016

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : Amber Lam

Service Area Office / Bureau régional de services : Ottawa Service Area Office