



**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**

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
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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
Apr 10, 2017	2017_590554_0009	032353-16	Follow up

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

KELLY BURNS (554)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 22-23, 2017

Intake #032353-16

Summary of Intake:

1) #032353-16 - Follow-Up to Compliance Order #001, for LTCHA, 2007, s. 8 (3), issued under Inspection Report #2016_280541_0032, which had a compliance due date of January 31, 2017.

During the course of the inspection, the inspector(s) spoke with Director of Care, Office Manager, Nursing Administrative Service Manager, and Registered Nurse(s).

During the course of the inspection, the inspector, toured the home, reviewed identified schedules for registered nursing staff, the current registered nurse master schedule and staffing deployment, registered nurse call in procedure, staffing and schedule assessment (last review, for a identified date), invoice (specific date) for advertisement, service agreement with an identified nursing agency, union grievances issued to the licensee and written correspondence to and from licensee and or their designate, specific to 24 hour RN coverage.

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

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

1 WN(s)

0 VPC(s)

1 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 license 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.

Note: In this section "regular nursing staff" means a member of the registered nursing staff who works in a long-term care home at fixed or prearranged intervals

Under O. Reg. 79/10, s. 45 (1) 2 - The following are the exceptions to the requirement 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, as required under subsection 8 (3) of the Act: 2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds, i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be 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 is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if, A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home.

Under O. Reg. 79/10, s. 45 (2) - 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.

The purpose of this inspection, was to follow-up on a compliance order that was issued to the Licensee on an identified date, specific to LTCHA, 2007, s. 8 (3), which had a an identified compliance due date.

Riverview Manor is a 124 bed long-term care home.

The licensee's schedules for Registered Nurses (RN) were received from the Director of Nursing, and were reviewed by the inspector. The period of the RN schedule review was for the dates encompassing November 2016, to January 2017. The Director of Care indicated that there were dates during those months when the long-term care home did not have an RN working in the building.



The Director of Care provided (to the inspector, on March 22, 2017) a written correspondence from the Administrator to Corporate Office, dated January 2017, indicating that the long-term care home was working with an identified Nursing Agency, but despite continued to have difficulty meeting legislative requirements under LTCHA, s. 8 (3). In the written correspondence, the Administrator inquired as to other Nursing Agency which may benefit the long-term care home.

The Administrator was unavailable for an interview during this inspection.

The Director of Care (DOC) indicated (to the inspector, on March 23, 2017) that it was her belief that no response was forwarded by Corporate Office. Director of Care indicated that the long-term care home, currently utilizes an identified Nursing Agency, and that no other agencies are used for RN coverage. The DOC indicated that other agencies are available, but not in use by Riverview Manor.

A further review of the RN schedule, was conducted by the inspector, for the months following the compliance due date (end of January 2017). The review provided support that the licensee did not have an RN working in the building on the following dates and or times (post compliance due date):

February 2017 - three identified dates (four separate shifts)

March 2017 - nine identified dates (fourteen shifts or partial shifts)

The Director of Care indicated (with the inspector, on March 23, 2017) that the above identified dates, when there was no RN working in the building, was not the result of an emergency situation, as defined by O. Reg. 79/10, s. 45 (2), therefore the exception to the requirement in O. Reg. 79/10, s. 45 (1) 2, does not apply.

Registered Nurses #104 and #105 both indicated that RN coverage remains inconsistent within the home, both RN's indicated that members (registered nurses), of the identified Association and Local have issued Union Grievance to the licensee designate (Administrator, and the Director of Care) specific to registered nurses (bargaining unit members) not being called for RN shifts on specific dates in March 2017.

The Director of Care indicated (to the inspector) that she and the Administrator did receive written union grievances specific to RN shifts not being covered with registered



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nurses, indicating that the union grievances remain outstanding at the time of this inspection. The DOC indicated that the license continues to struggle with 24 hour RN Staffing, due to regular registered nurses being on leaves both planned and non-planned, resignations of staff, and limited applicants. [s. 8. (3)]

Additional Required Actions:

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

Issued on this 10th day of April, 2017

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

Original report signed by the inspector.



**Ministry of Health and
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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) : KELLY BURNS (554)

Inspection No. /

No de l'inspection : 2017_590554_0009

Log No. /

Registre no: 032353-16

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Apr 10, 2017

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



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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*

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(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*

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2016_280541_0032, CO #001;

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 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, as provided for in the legislation.

The plan shall clearly describe in detail the implementation of:

- a) Strategies to recruit and retain Registered Nurses;
- b) Strategies to manage absenteeism and support prompt return to work;
- c) Staffing re-deployment and short-term workforce replacement strategies to manage planned and/or unplanned absences.

This plan must be submitted in writing to the Ministry of Health and Long-Term Care, Attention: Kelly Burns, LTCH Inspector (Nursing), and faxed to, (613) 569-9670 on or before April 18, 2017.

Grounds / Motifs :

1. The license 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.

Note: In this section "regular nursing staff" means a member of the registered

nursing staff who works in a long-term care home at fixed or prearranged intervals

Under O. Reg. 79/10, s. 45 (1) 2 - The following are the exceptions to the requirement 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, as required under subsection 8 (3) of the Act: 2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds, i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be 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 is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if, A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home.

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The Director of Care provided (to the inspector, on March 22, 2017) a written

correspondence from the Administrator to Corporate Office, dated January 2017, indicating that the long-term care home was working with an identified Nursing Agency, but despite continued to have difficulty meeting legislative requirements under LTCHA, s. 8 (3). In the written correspondence, the Administrator inquired as to other Nursing Agency which may benefit the long-term care home.

The Administrator was unavailable for an interview during this inspection.

The Director of Care (DOC) indicated (to the inspector, on March 23, 2017) that it was her belief that no response was forwarded by Corporate Office. Director of Care indicated that the long-term care home, currently utilizes an identified Nursing Agency, and that no other agencies are used for RN coverage. The DOC indicated that other agencies are available, but not in use by Riverview Manor.

A further review of the RN schedule, was conducted by the inspector, for the months following the compliance due date (end of January 2017). The review provided support that the licensee did not have an RN working in the building on the following dates and or times:

February 2017 - three identified dates (four separate shifts)

March 2017 - nine identified dates (fourteen shifts or partial shifts)

The Director of Care indicated (with the inspector, on March 23, 2017) that the above identified dates, when there was no RN working in the building, was not the result of an emergency situation, as defined by O. Reg. 79/10, s. 45 (2), therefore the exception to the requirement in O. Reg. 79/10, s. 45 (1) 2, does not apply.

Registered Nurses #104 and #105 both indicated that RN coverage remains inconsistent within the home, both RN's indicated that members (registered nurses), of the identified Association and Local have issued Union Grievance to the licensee designate (Administrator, and the Director of Care) specific to registered nurses (bargaining unit members) not being called for RN shifts on specific dates in March 2017.

The Director of Care indicated (to the inspector) that she and the Administrator



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section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

did receive written union grievances specific to RN shifts not being covered with registered nurses, indicating that the union grievances remain outstanding at the time of this inspection. The DOC indicated that the license continues to struggle with 24 hour RN Staffing, due to regular registered nurses being on leaves both planned and non-planned, resignations of staff, and limited applicants.

A decision to re-issue a compliance order is based on the above supporting documentation, interviews with Registered Nurses and the Director of Care and the licensee's compliance history. Following the compliance due date there was twelve separate dates, and eighteen shifts or partial shifts in which the licensee did not have one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times. The licensee was not exempt from the exception to the requirement in Ontario Regulation 79/10, subsection 45. The absence of an RN poses a risk to resident safety and affects the quality of care and services afforded to residents residing in the long-term care home. (554)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 26, 2017



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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



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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.



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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, 11^e 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.



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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 10th day of April, 2017

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Kelly Burns

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