



**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
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347 rue Preston bureau 420
OTTAWA ON K1S 3J4
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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
Jan 18, 2018	2017_643111_0023	015968-17, 026084-17, 027439-17	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

LYNDA BROWN (111)

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): December 18, 19 & 20, 2017

Three complaints were inspected concurrently during this inspection:

- Log # 015968-17 related to Director of Care and 24/7 Registered Nurse coverage.**
- Log # 026084-17 related to hospitalization and change in condition.**
- Log # 027439-17 related to Personal Support Worker qualifications.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Scheduling Clerk, Physiotherapist (PT), Physiotherapist Assistant (PTA) and a Registered Practical Nurse (RPN).

During the course of the inspection, the inspector reviewed a deceased resident health care record, reviewed staffing schedules, and reviewed employee files.

**The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Sufficient Staffing**

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

- 3 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 :



The licensee has failed to ensure that there was at least 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 unless there is an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45.(1) and 45.1 of the regulation).

Related to log # 015968-17:

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

Inspector #111 requested and received from the Nursing Administrative Support Manager (NASM), the home's schedule of Registered Nurses who worked during 2017. Review of the Registered Nurses schedule indicated over an 11 month period, there were 68 occasions 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 was on duty and present at all times on either and/or days/evenings/nights.

Interview with the Administrator on December 18, 2017 indicated there has been an issue with Registered Nurse (RN) coverage in the home due some vacancies in full and part time positions since March 2017. The Administrator indicated the home also utilizes agency staff for RN coverage but was unable to fill all the shifts. The Administrator indicated the home is actively recruiting for more RN's. The Administrator indicated the shifts not being covered were 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.

The decision to issue a Compliance Order is based on the fact that over an 11 month period, there were 68 occasions 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 was 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. In addition, the licensee was issued a Compliance Order in November 2016 during Inspection # 2016_280541_0032 related to LTCHA, 2007, s.8(3) and was complied. [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. 47. Qualifications of personal support workers

Specifically failed to comply with the following:

s. 47. (1) Every licensee of a long-term care home shall ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,
(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and
(b) has provided the licensee with proof of graduation issued by the education provider. O. Reg. 399/15, s. 1.

Findings/Faits saillants :

The licensee has failed to ensure that all the persons hired on or after January 1, 2016 as personal support workers or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements listed below and has provided the licensee with proof of graduation issued by the education provider.

The O.Reg. 79/10, that was in force from July 1, 2015 to December 31, 2015 indicated the following under Qualifications of personal support workers:

47. (1) Every licensee of a long-term care home shall ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). O. Reg. 79/10, s. 47 (1).

(2) The personal support worker program,

(a) must meet,

(i) the vocational standards established by the Ministry of Training, Colleges and Universities,

(ii) the standards established by the National Association of Career Colleges, or

(iii) the standards established by the Ontario Community Support Association; and



(b) must be a minimum of 600 hours in duration, counting both class time and practical experience time.

Related to log # 027439-17:

A complaint was received from a former agency staff that indicated they had worked in the home as a Personal Support Worker (PSW) in 2015 but did not have PSW qualifications.

Interview with the Administrator indicated the home has only used a specified nursing agency but did not employ PSWs, only RPNs and RNs. The Administrator indicated she also did not recall that agency staff member ever working in the home. The Administrator later indicated to the Inspector that she contacted the specified nursing agency and they confirmed the staff member worked for the agency but were unable to provide the home with PSW qualifications for the staff member identified.

Review of the licensee contract with the nursing agency with the home indicated they would provide Registered Nurses, Registered Practical Nurses and Personal Support Workers to the home.

Interview with the Nursing Administrative Support Manager(NASM) indicated she was responsible for nursing staff scheduling and had worked in the home since 2015. The NASM could not recall the specified nursing agency staff member ever working in the home. The NASM indicated that all nursing staff must sign their names when they arrive for work, including agency staff.

Review of the PSW on-call scheduling in 2015 with the NASM and the Inspector, indicated the agency staff member worked in the home in the capacity of a PSW for a specified number of shifts over a four month period in 2015 (as the shifts were signed off by that agency staff member as worked).

There was no documented evidence an agency staff member who was working in the home in the capacity of a PSW, had the required PSW qualifications in force in 2015. [s. 47. (1)]



**WN #3: 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).

Findings/Faits saillants :

The licensee has failed to ensure that the home had a Director of Nursing and Personal Care.

Related to log # 015968-17:

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.

Interview of the Administrator indicated the previous DOC resigned on June 25, 2017 and the new DOC started on September 11, 2017. The Administrator confirmed there was no DOC working in the home for approximately two months.

Review of the RN schedule also indicated during the time period there was no DOC working on site, there were also 11 shifts where there was no RN working on-site in the home. [s. 71. (1)]

Issued on this 18th day of January, 2018

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



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Original report signed by the inspector.



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

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
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**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) : LYNDA BROWN (111)

Inspection No. /

No de l'inspection : 2017_643111_0023

Log No. /

No de registre : 015968-17, 026084-17, 027439-17

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 18, 2018

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
Homes Act, 2007, S.O. 2007, c.8*

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des Soins de longue durée**

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

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de l'article 154 de la *Loi de 2007 sur les foyers
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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 Lynda Brown, LTCH Inspector by fax at 1-613-569-9670 on or before January 23, 2018.

Grounds / Motifs :

1. The licensee has failed to ensure that there was at least 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 unless there is an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45.(1) and 45.1 of the regulation).

Related to log # 015968-17:

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The decision to issue a Compliance Order order is based on the fact that over an 11 month period, there were 68 occasions 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 was 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. In addition, the licensee was issued a Compliance Order in November 2016 during Inspection # 2016_280541_0032 related to LTCHA, 2007, s.8(3) and was complied. [s. 8. (3)] (111)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 19, 2018



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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



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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, 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:

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 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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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 18th day of January, 2018

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



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Name of Inspector /

LYNDA BROWN

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Ottawa Service Area Office