

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 18, 25, 2019	2019_763116_0005	011151-19, 020348-19	Complaint

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**Licensee/Titulaire de permis**

AXR Operating (National) LP, by its general partners  
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON  
L4W 0E4

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

Sherwood Court Long Term Care Centre  
300 Ravineview Drive Maple ON L6A 3P8

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

SARAN DANIEL-DODD (116)

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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): October 24, 28, 29, 30, 31 & November 4, 2019.**

**The following intakes were inspected:**

**Log #'s 011151-19 and Log # 020348-19 related to related to sufficient staffing.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), director of care (DOC), associate director of care (ADOC), registered nurses (RNs & RPNs), personal support workers (PSW) and residents.**

**The inspector conducted observations, reviewed residents' health records, staff training records, and reviewed any relevant policies and procedures.**

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

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Sufficient Staffing**

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

**2 WN(s)**

**2 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>Légende</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 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 Ministry of Long-Term Care (MLTC) received ACTIONline complaints whereby, complainants expressed concerns related to insufficient staffing and registered nurse availability in the home.

Review of intakes and interviews held with complainants indicated that short staffing is an ongoing concern in the home which impacts on the care needs of the residents.

Review of the home's staffing plan indicates the following staffing schedule:

Days: one RN, two RPN's, nine PSW's

Evenings: one RN, two RPN's, nine PSW's

Nights: one RN, one RPN, six PSW's.

Review of the staffing schedule for an identified shift, indicates that coverage for the scheduled RN was replaced by an RPN. The on call coverage was provided by a manager who is not designated as an RN.

Review of the staffing schedule for an additional identified shift, documents that coverage for the scheduled RN was replaced by an RPN from an identified contracted agency, resulting in no RN's being present in the home during the shift. RN staff #110 who is a member of the home was on call however, not physically present in the home and the on call coverage was provided by a manager who is not designated as an RN.

Interviews held with staff #104 and staff #102 indicated that the daily schedule is updated to reflect when a replacement has occurred and when the DOC is providing on-call coverage over required shifts.

Interviews held with direct care and registered staff members indicated that the home makes an effort to replace registered staff following the back up process however, there are instances when an RN isn't available and the DOC is not available by telephone.

Further interviews held with identified members of management at the home acknowledged that a registered nurse who is an employee of the licensee and a member of the regular nursing staff were not on duty and present at all times during the identified shifts. [s. 8.(3)]

***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 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, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

The licensee has failed to ensure that residents' are bathed, at a minimum, twice a week by the method of their choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The Director received ACTIONline complaint(s) regarding insufficient staffing related to direct care and registered staff members.

Review of intakes and interviews held with complainants indicated that short staffing is an ongoing concern in the home which impacts on the care needs of the residents.

Review of the written plan of care under focus of bathing indicates resident #002's preferred method of bathing. Review of the point of care (POC) electronic system

documented that a different method of bathing was rendered to resident #002 on an identified date.

In an interview with resident #002, inspector #116 was informed that they were offered a different method of bathing on the specified date and was not afforded with their preferred method. Resident #002 stated that it was unacceptable to be offered an alternative to their preferred method of bathing.

Interviews held with PSWs #106, #108 and #109 and registered staff members #103 and #105 indicated being directed by management to provide the identified bathing method as an alternative when they are under staffed.

Interviews held with identified members of management indicated that staff are directed to provide residents the preferred method of bathing however, in situations where they are short staffed they should offer the identified alternative method and provide their preferred method the following day. An identified member of the management team indicated that if the resident refuses to accept the alternative, the scheduled and preferred method of bathing should be provided.

Further interviews held with identified members of management acknowledged that resident #002 did not receive their preferred method of bathing on an identified date. [s. 33. (1)]

***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 residents' are bathed, at a minimum, twice a week by the method of their choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

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**Issued on this 28th day of November, 2019**

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

**Original report signed by the inspector.**