

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: August 25, 2023	
Inspection Number: 2023-1374-0002	
Inspection Type: Critical Incident Follow up	
Licensee: S & R Nursing Homes Ltd.	
Long Term Care Home and City: Twin Lakes Terrace Long Term Care Community, Sarnia	
Lead Inspector Brandy MacEachern (000752)	Inspector Digital Signature
Additional Inspector(s) Debbie Warpula (577)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 16, 17, 21, 22 and 23, 2023

The following critical incident (CI) intake(s) were inspected:

- Intake #00093401/ CI #2889-000024-23 related to fall prevention and management

The following intake(s) were completed:

- Intake #00090009/ CI #2889-000020-23 related to fall prevention and management
- Intake #00089747/ CI #2889-000019-23 related to fall prevention and management

The following Follow Up Compliance Order (CO) intake(s) were completed:

- Intake #00089887/ CO #001 related to O. Reg. 246/22 - s. 123 (3) (a) Medication Program policy
- Intake #00089886/ CO #002 related to O. Reg. 246/22 - s. 140 (2) Medication Administration

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2023-1374-0001 related to O. Reg. 246/22, s. 140 (2) inspected by Debbie Warpula (577)

Order #001 from Inspection #2023-1374-0001 related to O. Reg. 246/22, s. 123 (3) (a) inspected by Debbie Warpula (577)

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

- Medication Management
- Infection Prevention and Control
- Staffing, Training and Care Standards
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that a specific resident's written plan of care related to a specific care area, set out clear directions to staff and others who provide direct care to the resident.

Rational and Summary:

A Critical Incident (CIS) System report was received by the Director, regarding a resident.

During an observation of the resident's room there was a sign, that indicated the resident required specific equipment, for a specific care area. The resident also indicated in an interview that they required specific equipment for care.

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An assessment that was completed for the resident, indicated that they required this specific equipment, for a specific care area. When reviewing the resident's care plan from Point Click Care, it stated the level of assistance required, but did not mention the specific equipment required. During an interview with a staff member, they acknowledged that the plan of care was not providing clear direction for the staff that provide direct care to the resident. They immediately added the specific equipment to the resident's care plan.

There was a risk that the resident could have been cared for improperly when their plan of care was not providing clear direction, to the direct care staff.

Sources:

Staff interview, resident interview, observations of signage, resident health records.
[000752]

Date Remedy Implemented: August 22, 2023

WRITTEN NOTIFICATION: Required Director of Nursing Hours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 250 (1) 4.

The licensee has failed to ensure that the home's Director of Nursing works regularly in that position on site at the home for the following amount of time per week: In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.

Rational and Summary:

During the onsite inspection it was noted that the home had an acting Director of Nursing (DON). In an interview with the Administrator, they advised that the home currently had a staff member in a specific position, also working in the role of acting DON. When documentation was requested to demonstrate the number of hours that was being completed in the DON role, the Administrator stated that they were unable to provide any documentation that could describe the division of hours between the staff member's specific position and acting DON role. Additionally, the staff member stated in an interview that they were working twenty hours per week in the DON role.

There was a risk that the needs of the residents would not be met when the home does not have a Director of Nursing working the required number of hours.

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Sources:

Staff interviews
[000752]

WRITTEN NOTIFICATION: One Year of Long-Term Care Experience

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 250 (3) (a)

The licensee has failed to ensure that the acting Director of Nursing (DON) had at least one year of experience working as a registered nurse in the long-term care sector.

Rational and Summary:

During the onsite inspection it was noted that a staff member in a specific position was also acting as the DON. When reviewing the staff member's resume, it did not include any experience in the long-term care sector. During an interview with the staff member, they explained that they started working at this home less than one year ago and did not have previous long-term care experience working as a registered nurse.

There was a risk that the needs of the residents would not be met when the acting DON did not have the required amount of experience in the long-term care sector.

Sources:

Staff resume, staff interview
[000752]

WRITTEN NOTIFICATION: Three Years of Management Experience

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 250 (3) (b)

The Licensee has failed to ensure that the acting Director of Nursing (DON) had at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting.

Rational and Summary:

During the onsite inspection it was noted that a staff member in a specific position was also acting as the DON. When reviewing the staff member's resume, it did not include at least three years of management or supervisory experience. During an interview with the staff member, they indicated that they had less than three years of experience in a management position. The home's DON Job Description also

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included in the qualifications section, that a minimum of three years of relevant management experience was required.

There was a risk that the needs of the residents would not be met when the acting DON did not have the required amount of experience in a management or supervisory position.

Sources:

DON Job Description, staff resume, staff interviews
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