



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du  
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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
November 8, 2010	2010_171_2678_08Nov080752	Complaint H-02255
<b>Licensee/Titulaire</b>		
Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, ON, L5R 4B2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Versa-Care Centre, Brantford, 425 Park Road North, Brantford ON, N3R 7G5		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Elisa Wilson, LTC Homes Inspector (#171)		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to sufficient staffing, food quality and call bell response time.</p> <p>During the course of the inspection, the inspector spoke with: the administrator, director of care, food services manager, cooks, dietary staff, registered staff, personal support workers, and residents.</p> <p>The inspector observed lunch service on November 8, 2010, interviewed 7 residents, tested and observed call bell response time and reviewed work schedules for registered nurses from September 1, 2010 to present.</p> <p>The following Inspection Protocols were used during this inspection: Sufficient Staffing Food Quality</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		

**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with 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.

**Findings:**

1. There is not always a registered nurse on duty and present at the Home. Examples include:  
 September 19, 2010 - night shift (2230-0630)  
 September 20, 2010 - 1940 to 2230  
 October 8, 2010 - day shift (0630-1430)  
 October 15, 2010 - evening shift (1430-2230)  
 October 23, 2010 - evening shift (1430-2230)  
 October 24, 2010 - 1430-1830  
 November 1, 2010 -1830-2230

**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 with ensuring a registered nurse is on duty and present in the home at all times, to be implemented voluntarily.

**Signature of Licensee or Representative of Licensee**  
**Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**



**Title:** **Date:**

**Date of Report:** (if different from date(s) of inspection).

Dec. 1, 2010