



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 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
Dec 17, 2018	2018_587129_0011	005700-18, 019123- 18, 027892-18, 031596-18	Complaint

Licensee/Titulaire de permis

United Mennonite Home for the Aged
4024 Twenty-Third Street Vineland ON L0R 2C0

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

United Mennonite Home
4024 Twenty-Third Street Vineland ON L0R 2C0

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

PHYLLIS HILTZ-BONTJE (129)

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): November 30, December 3 and 5, 2018

The following log #'s were inspected:

027892-18- related to scheduling of Registered Nurses

005700-18- related to scheduling of Registered Nurses

091923-18 -related to scheduling of Registered Nurses

031596-18-related to refusal to admit

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Assistant Director of Care (ADOC), Staffing Coordinator and Registered Nurses

During the course of this inspection the inspector made observations related to Registered Nurse staffing, reviewed staffing schedules, print outs of palm scans, licensees policies and procedure and information provided to the home related to applications for admission to the home.

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

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

4 WN(s)

1 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 :



1. The licensee failed to ensure that at least one Registered Nurse (RN) who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times.

While inspecting complaint log #027892-18, log #005700-18 and log #019123-18 it was identified that the licensee had not ensured a RN who was both an employee of the licensee and a member of the regular nursing staff of the home was in the home on duty and present at all times.

The following information related to RN staffing was verified by the Staffing Coordinator and print outs of palm scans, as well as during an interview with the Director of Care (DOC) in December 2018:

- On an identified date in February 2018, it was verified that there was not an RN who was both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because there had been RN shift changes on that day and one of the scheduled RN shifts did not have an assigned RN.

- On three identified dates in July 2018, it was verified that there was not an RN who was both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because the licensee had not ensured a person noted above was scheduled on these three shifts. These three shifts were worked by RNs who were employees of an employment agency.

- On an identified date in July 2018 and three identified dates in August 2018, it was verified that there was not an RN who was both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because the licensee had not ensured a person noted above was scheduled on these four shifts. These four shifts were worked by RNs who were employees of an employment agency.

- On two identified dates in July 2018, it was verified that there was not an RN who was both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because the RN who was scheduled to work these two shifts had indicated they were unable to work. It was verified by the schedules and during an interview with the DOC that they had placed themselves "on call" and were not present in the home for these two shifts.

- On an identified date in August 2018, it was verified that there was not an RN who was



both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because the licensee had not ensured a person noted above was scheduled to work on this shift. It was verified by the schedules and during an interview with the DOC that they had placed themselves on the schedule to work this shift; however, the DOC was working in their capacity as the DOC during the shift on this identified date.

- On and identified dated in November 2018, it was verified that there was not an RN who was both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because licensee had not ensured a person noted above was scheduled on this shift. This shift was worked by a RN who was an employee of an employment agency.

- On and identified dated in November 2018, it was verified that there was not an RN who was both an employee of the licensee and a member of the regular nursing staff of the home, on duty and present in the home because the licensee had not ensured a person noted above was scheduled on this shift. This shift was worked by a RN who was an employee of an employment agency.

The DOC, the Staffing Coordinator, staff schedules and print outs of palm scans verified that the licensee did not ensure there was an RN who was both an employee of the licensee and a member of the regular nursing staff of the home on duty and present in the home on the above noted dates and 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 and ensuring that at least one Registered Nurse (RN) who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that were the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system, was in compliance with and implemented in accordance with all applicable requirements under the Act and was complied with.

In accordance with O. Reg. 79/10, s. 30(1) the licensee of a long-term care home shall ensure there is an organized program of nursing services for the home to meet the assessed needs of the residents and in accordance with O. Reg. 79/10, s. 31(2) the licensee shall ensure there is a written staffing plan for the organized program of nursing services under clause 8 (1) (a) of the Act.

While inspecting complaint log #027892-18, log #005700-18 and log #019123-18 it was identified that the licensee's staffing plan did not comply with all applicable requirements and the licensee did not ensure the plan was complied with.

a) The licensee's policy identified as Topic 3:00, Subject 3:02 Nursing Department Standards of Operation, Policy 3:02 located in the Nursing Policy and Procedure Manual with a revised date of September 2017, was not in compliance with the applicable requirements under the Act.

The policy and plan directed that "in the event of difficulty having shifts covered by an RN and if the call-in procedure failed, the DOC would be "on-call" with an Registered Practical Nurse (RPN) scheduled to work.

This direction did not comply with LTCHA2007, c. 8, s. 8 (3) which states 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, did not comply with LTCHA 2007, c. 8, s. 8 (4) as there are no directions in the policy and plan that "during the hours an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long term care home for the purposes of subsection (3)" and did not comply with the directions contained in O. Reg. 79/10, s 45(1) (2) (ii) which identifies the exception of "in the case of an emergency" and s. 45 (2) which defines emergency as an "unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home".

b) The licensee failed to ensure that staff complied with the directions contained in the above noted policy.

The above noted policy directed that:

-the Department will post regular schedules where all shifts are covered by qualified facility staff and an RN with current registration must be scheduled every shift.

The licensee failed to comply with the above noted direction when it was identified and confirmed by the DOC, the Staffing Coordinator and staffing schedules that the posted regular schedules for the following dates and shifts did not include the scheduling of an RN.

-Four identified dates in July 2018 did not include a scheduled RN to work the identified shifts on these dates.

-Three identified dates in August 2018 did not included a scheduled RN to work the identified shifts on these dates.

-One identified date in November 2018, did not include a scheduled RN to work the identified shift on this date.

The DOC confirmed during an interview in December 2018 that the staffing plan did not comply with the applicable legislation and was not complied with when the posted schedules on the above noted dates did not include a RN to work on the identified dates.
[s. 8. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).
- (b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).
- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the written staffing plan for the organized program of nursing service was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

While inspecting complaint log #027892-18, log #005700-18 and log #019123-18 it was identified that the licensee had not completed an annual review of the written staffing plan for 2017.

During an interview in December 2018, the DOC confirmed they had not completed an annual review of the written staffing plan for 2017. [s. 31. (3) (e)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44.
Authorization for admission to a home**



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Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee failed to ensure that following a review of the assessments and information provided they approved the applicant's admission to the home unless, the home lacked the physical facilities necessary to meet the applicant's care requirements or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

While completing complaint inspection #031596-18, it was identified that following a review of information provided by the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) it was identified that the Director of Care (DOC) did not select an approved ground for withholding approval for applicant #001's admission to the home.

During an interview with the DOC in December 2018, they confirmed they had received applicant #001's information on an identified date in November 2018, reviewed the information, identified that they could not approve admission to the home and forwarded a letter on an identified date to applicant #001, the Ministry of Health and Long Term Care Performance Improvement and Compliance Branch as well as the HNHB LHIN outlining the reasons for withholding approval for admission to the home.

A review of the above noted letter indicated the following were identified as reasons the home was unable to approve the application:

- concerns related to behavioural issues,
- concerns that the home did not have the space, physical amenities and equipment to provide care related to an identified issue and,
- an identified safety concern.

During the above noted interview with the DOC, they acknowledged that, based on the legislative requirement they had not identified acceptable grounds to withhold admission to the home for applicant #001. The DOC also acknowledged that based on the acceptable grounds under which they could withhold approval for admission, they did not have sufficient information about the applicant and their care needs, to make a decision about the admission.

The DOC acknowledged they had not identified acceptable grounds for withholding approval for applicant #001's admission to the home. [s. 44. (7)]



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Issued on this 8th day of January, 2019

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

Original report signed by the inspector.