

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Sudbury Service Area Office
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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
Jan 28, 2022	2022_772691_0001	015123-21, 017311- 21, 018097-21	Complaint

Licensee/Titulaire de permisSpencer House Inc.
835 West Ridge Blvd Orillia ON L3V 8B3**Long-Term Care Home/Foyer de soins de longue durée**Spencer House
835 West Ridge Blvd. Orillia ON L3V 8B3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JENNIFER NICHOLLS (691), SHANNON RUSSELL (692)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 5-6, 2022 and offsite inspection activities occurred on January 7, and January 10, 2022.

During the course of the inspection, the following intakes were inspected:

- Two logs for complaints submitted to the Director related to staffing levels, and care concerns;**
- One log for a complaint submitted to the Director related to admission of a resident.**

Critical Incident Inspection #2022_772691_0002 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Registered Nurse(s) (RNs), Registered Practical Nurse(s) (RPN(s), Personal Support Workers (PSWs), Director for Home and Community Care, and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions and resident to resident interactions, reviewed relevant health care records, admission applications and internal investigation notes, as well as licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Personal Support Services
Reporting and Complaints
Sufficient Staffing**

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

- 1 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. 44. Authorization for admission to a home

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 has failed to approve an applicant's admission to the home unless the home lacked the physical facilities necessary to meet the applicant's care requirements; the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or circumstances existed which were provided for in the regulations as being a ground for withholding approval.

As per Ontario Regulation (O. Reg) 79/10, section 44(9), if the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out, the ground or grounds on which the licensee is withholding approval.

A complaint was received by the Director related to an application for admission to the home being refused by the licensee.

The licensee provided the refusal in writing to the Substitute Decision Maker (SDM), and stated that "Due to your specific needs, we are withholding approval of your application because we do not have the necessary resources to meet your needs and circumstances exist which are provided for in the regulations as being a ground for withholding approval." The refusal did not provide the ground(s) on which the licensee was withholding the approval.

The Director of Care (DOC) indicated the refusal of the applicant was due to the applicant's medical history and felt the home was not able to provide a safe and secure environment for the residents. [s. 44. (7)]

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 ensuring that if the licensee withholds approval for admission, the licensee shall give to persons described in subsection an explanation of how the supporting facts justify the decision to withhold approval, to be implemented voluntarily.

Issued on this 1st day of February, 2022

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

Original report signed by the inspector.