

**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 9, 2024

**Inspection Number:** 2024-1459-0003

**Inspection Type:**

Complaint

**Licensee:** St. Joseph's Health System

**Long Term Care Home and City:** St. Joseph's Lifecare Centre, Brantford

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): July 9, 10, 2024.

The inspection occurred offsite on the following date(s): May 22, 23, 28, 2024, June 3, 4, 12, 13, 17, 18, 26-28, 2024, July 4, 8, 11, 12, 15, 16, 18, 19, 29, 30, 2024, and August 1, 2, 2024.

The following intake(s) were inspected:

Intake #00116488 - Complaint related to records required for employment.

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

Safe and Secure Home

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Training

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

#### **Non-compliance with: FLTCA, 2021, s. 82 (2)**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

(a) as employees of the licensee,

(b) pursuant to a contract or agreement with the licensee, or

(c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

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The licensee has failed to ensure that no agency staff performed their responsibilities before receiving training in the areas mentioned below: Zero tolerance of abuse/neglect, Mandatory reporting, Fire prevention and safety, Emergency and evacuation procedures, IPAC, Complaints procedure, Safe and correct use of equipment related to staff members' responsibilities, and Cleaning and sanitizing of equipment related to staff members' responsibilities. The orientation package provided to newly hired staff including agency staff was provided to inspectors, which was missing the required training topics noted above. The agency staff records also did not include any of those required trainings.

**Sources:** Onboarding orientation package, contracted staff records, interviews with the VP/Acting Administrator and the Staffing Supervisor.

### **WRITTEN NOTIFICATION: Hiring staff, accepting volunteers**

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

**Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)**

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

(a) as employees of the licensee,

(b) pursuant to a contract or agreement with the licensee, or

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The licensee has failed to ensure that a police record check, which was a vulnerable sector check as referred to in paragraph 3 of subsection 8 (1) of the *Police Record*

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*Checks Reform Act, 2015*, was conducted within six months before the staff member was hired by the licensee.

Inspectors reviewed 29 records of staff who had worked at the home from three different identified staffing agencies. Seven of the contracted staff members' VSCs were completed greater than six months before the staff member's start date.

**Sources:** identified staffing agency staff records, contracted staff schedules, and interviews with the homes VP/Acting Administrator and Staffing Supervisor.

### **WRITTEN NOTIFICATION: Staff records**

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

**Non-compliance with: O. Reg. 246/22, s. 278 (1) 1.**

Staff records

s. 278 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

(a) as employees of the licensee,

(b) pursuant to a contract or agreement with the licensee, or

(c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee has failed to ensure that a record was kept for each staff member in the home that included at least the following with respect to the staff member: the staff member's qualifications, previous employment and other relevant experience.

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Inspectors reviewed 29 staff records of contracted staff who worked in the home for three separate identified agencies. In total, four of those staff records included documentation of the staff members' previous employment and other relevant experience.

**Sources:** Agency staff records.

### **WRITTEN NOTIFICATION: Staff records**

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

**Non-compliance with: O. Reg. 246/22, s. 278 (1) 3.**

Staff records

s. 278 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

3. Where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

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The licensee has failed to ensure that a record was kept for each staff member in the home that included at least the following with respect to the staff member: where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.

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Inspectors reviewed 29 staff records of contracted staff who worked in the home for three separate identified agencies. During the record review, inspectors noted that a VSC was not included in the staff records for three of the staff members from one of the identified agencies.

**Sources:** Agency staff records and an interview with the VP/Acting Administrator.

## **COMPLIANCE ORDER CO #001 Qualifications of personal support workers**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: O. Reg. 246/22, s. 52 (1)**

Qualifications of personal support workers

s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and

(b) has provided the licensee with proof of graduation issued by the education provider. O. Reg. 246/22, s. 52 (1).

### **The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Review and revise as necessary its process for ensuring all staff working the home as a personal support worker (PSW) have a valid PSW certificate, and have been assessed to determine that they have the adequate skills, training, and knowledge to perform the duties required of that position.

B) Implement the reviewed/revised process to ensure that all staff hired

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pursuant to a contract have a valid PSW certificate, and have been assessed to determine that they have the adequate skills, training, and knowledge to perform the duties required of that position, before they perform their duties.

C) Complete an audit of all staff hired pursuant to a contract to determine if staff working have a valid PSW certificate, and have been assessed to determine that they have the adequate skills, training, and knowledge to perform the duties required of that position. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid PSW certificate, and have not been assessed to determine that they have the adequate skills, training, and knowledge to perform the duties required of that position, cease working in the home in the role of a PSW until certification and assessment have been completed.

**Grounds**

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The Fixing Long Term Care Act, 2021, s. 162 (1) 2 states: The authority to make an order or issue a notice under sections 155 to 161 against a licensee who has not complied with a requirement under this Act applies regardless of the following, and they shall not be considered in deciding whether to exercise the authority whether, at the time of the non-compliance, the licensee had an honest and reasonable belief in a set of facts that, if true, would have resulted in there not being any non-compliance.

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The licensee has failed to ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, had successfully completed a personal support worker program that met the requirements in subsection (2); and had provided the licensee with proof of graduation issued by the education provider.

A record review of the agency staff who worked in the home pursuant to a contract with the identified staffing agencies showed five staff records with PSW certificates from a college which was not a recognized personal support worker program. Another staff member had only provided a grade report from a college. The report did not indicate that they had completed the program and did not include proof of graduation.

**Sources:** Identified staffing agency staff records, memo from the Assistant Deputy Minister, Ontario PSW Association website, and an interview with the VP/Acting Administrator.

**This order must be complied with by** September 27, 2024

**COMPLIANCE ORDER CO #002 Infection prevention and control program**

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (12) 4.**

Infection prevention and control program

s. 102 (12) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**



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The licensee shall:

- A) Review and revise as necessary its process for ensuring all staff are appropriately screened for tuberculosis at time of hire in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22.
  
- B) Implement the reviewed/revised process to ensure that all staff hired pursuant to a contract have completed a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22, before they perform their duties.
  
- C) Complete an audit of all staff hired pursuant to a contract to determine if staff working have a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22, cease working in the home until a valid negative check has been completed.

**Grounds**

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,  
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According to the Infection Prevention and Control (IPAC) Standard, s. 11.2, the licensee was required to ensure that staff were screened for tuberculosis and other infectious diseases at time of hire in accordance with evidence-based practices and where there are none, in accordance with prevailing practices.

The FLTCA, s. 162 (1) 2 states: The authority to make an order or issue a notice under sections 155 to 161 against a licensee who has not complied with a requirement under this Act applies regardless of the following, and they shall not be considered in deciding whether to exercise the authority whether, at the time of the non-compliance, the licensee had an honest and reasonable belief in a set of facts that, if true, would have resulted in there not being any non-compliance.

The licensee has failed to ensure that staff hired pursuant to a contract with an identified staffing agency were screened for tuberculosis (TB) and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

Inspectors reviewed 29 staff records for the identified staffing agencies who had worked at the home. Twelve of the staff records were missing TB screening documentation which the home was unable to provide. The records for other agency staff, however, showed that the testing procedure did not align with best practice guidelines and the homes policy for TB surveillance, or was completed after the staff had already started working in the home.

**Sources:** Identified staffing agency staff records, the home's contracts with the identified staffing agencies, the homes policy for TB Surveillance, interviews with medical clinics, and the home's VP/Acting Administrator and Staffing Supervisor.

**This order must be complied with by** September 27, 2024

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**COMPLIANCE ORDER CO #003 Hiring staff, accepting volunteers**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 252 (3)**

Hiring staff, accepting volunteers

s. 252 (3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Review and revise as necessary its process for ensuring that all staff have a valid vulnerable sector check that complies with the requirements of s. 252 of O. Reg. 246/22 including that it was conducted within six months before their date of hire.

B) Implement the reviewed/revised process to ensure that all staff hired pursuant to a contract have a valid vulnerable sector check conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, before they perform their duties.

C) Complete an audit of all staff hired pursuant to a contract to determine if staff working have a valid vulnerable sector check conducted by a police record check provider within the meaning of the *Police Record Checks Reform Act, 2015*, and conducted within six months before the staff member was hired. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid vulnerable sector check cease working in the home until a valid negative check has been completed.

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**Grounds**

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

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- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The Fixing Long Term Care Act, 2021, s. 162 (1) 2 states: The authority to make an order or issue a notice under sections 155 to 161 against a licensee who has not complied with a requirement under this Act applies regardless of the following, and they shall not be considered in deciding whether to exercise the authority whether, at the time of the non-compliance, the licensee had an honest and reasonable belief in a set of facts that, if true, would have resulted in there not being any non-compliance.

The licensee has failed to ensure that a police record check, which was a vulnerable sector check as referred to in paragraph 3 of subsection 8 (1) of the *Police Record Checks Reform Act, 2015*, was conducted before hiring staff members to determine if such persons were suitable to be staff members in the long-term care home and to protect residents from abuse and neglect.

Inspectors reviewed 29 records of staff who had worked at the home from three identified staffing agencies. A police service confirmed via email that one contracted staff member's VSC document was falsified. Two staff members' VSCs were completed by a service not authorized to conduct Police Record Checks in the meaning of the *Police Record Checks Reform Act, 2015*, and another agency staff had a criminal record check which did not include a VSC.

**Sources:** Email records from a Police Service, identified staffing agency staff records, contract between the identified staffing agencies and the licensee,

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contracted staff schedules, interviews with the homes VP/Administrator and Staffing Supervisor, and an identified staffing agency staff member.

**This order must be complied with by** September 27, 2024

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).