

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: September 3, 2024

Inspection Number: 2024-1474-0003

Inspection Type:

Critical Incident

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village at St. Clair, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22, 23, 29, 2024

The inspection occurred offsite on the following date(s): July 24, 30, 31, 2024

The following intake(s) were inspected:

- Intake: #00120667 - Critical Incident #3046-000052-24 - Unexpected death of a resident.

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

Food, Nutrition and Hydration
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Training

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

Non-compliance with: FLTCA, 2021, s. 82 (2) 10.

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:

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

The licensee failed to ensure that two identified staff received training prior to performing role specific duties independently.

Rationale and Summary

The Director received a Critical Incident System (CIS) reporting an incident. The licensee stated in the CIS that staff did not know how to use specific medical equipment. An interview with the Director of Nursing Care (DNC) clarified that the equipment was in working order, but the staff did not know how to operate the equipment.

On review of employee files for two specific staff it was noted that the home's role specific orientation checklist was incomplete or non existent prior to both staff commencing full duties in the home.

During an interview with the DNC they confirmed that one of these staff did not have an orientation checklist on file in the home and they confirmed that the staff had not received specific training related to the specific nursing medical equipment.

An observation on one of the resident neighbourhood's when the inspector asked a staff to demonstrate that a specific piece of medical equipment was functioning, that the staff member did not know how to operate the equipment.

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On review of the home's policy called "Orientation for New Team Members", it stated the following:

"The new team member will meet with a trainer and utilize the role specific orientation checklist."

"The trainer will be responsible to ensure that all areas are covered and signed off. Upon completion the role specific orientation checklist will be returned to their direct leader when the job shadow shifts are completed."

Not ensuring the home's required education was provided to the home's staff including agency staff posed a moderate risk to the residents with staff preparedness and use of equipment in the event on an incident.

Sources: Review of employee files, policies, observations and staff interviews.

COMPLIANCE ORDER CO #001 Training and Orientation

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 257 (1)

Training and orientation program

s. 257 (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 82 and 83 of the Act.

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

1) Develop and implement a training and orientation program to ensure that the required educational requirements in FLTCA, 2021 and O. Reg 246/22 are included

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for all staff including current and new staff hired pursuant to a contract.

2) Complete an audit of training for all current staff hired pursuant to a contract, to determine if any staff working have not received training for all required educational requirements in FLTCA, 2021 and O. Reg 246/22. Ensure that for any staff identified in the audit as not having completed the training, the training is provided and keep a record of the training.

3) Keep a documented record of when the training and orientation has occurred, who attended on what date(s), who provided the education and what training, orientation was provided and results.

Grounds

The licensee failed to ensure that a training and orientation program for the home was developed and implemented to provide the training and orientation required under section 82 and 83 of the Act.

Under FLTCA, 2021, s. 2(1) the definition of "staff", in relation to a long-term care home, means persons who work at the home, (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

Rationale and Summary:

The Director received a Critical Incident System (CIS) reporting an incident. The licensee stated in the CIS that staff did not know how to use specific medical equipment. An interview with the Director of Nursing Care (DNC) clarified that the equipment was in working order, but the staff did not know how to operate the equipment.

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On review of employee files for two specific staff it was noted that the homes' orientation was incomplete. The staff did not complete an orientation checklist or home specific education prior to both staff commencing full duties in the home.

The DNC provided the home's Orientation program consisting of the Staff Orientation program policy, Orientation checklist policy and orientation checklists for the Registered staff, Personal Support Workers and all Employees. The DNC confirmed that the checklists are not provided or completed by agency staff at the home, only the Schlegel Resource Guide Agency and the Priority Healthcare Staffing Solution Inc Long Term Care Resource for Staff and Contractors December 2020 were provided to the agency staff hired at the home.

The home's policy Orientation for New Team Members Tab 06-04A noted "utilize the role specific orientation checklist and job routine found in the welcome package and attached to this policy, to support learning and ensuring there is a completed orientation for each new team member. The trainer will be responsible for ensuring all items on Orientation Checklist are covered and signed off. The new team member should keep their job specific Orientation Checklist with them for all job shadow shifts and return to their direct leader upon completion".

A record review of the orientation training material provided by the Agency "Long Term Care Resource for staff and contractors, September 2020" provided to one of the staff did not include all mandatory training items. The following were not provided:

- The Resident Bill of Rights.
- The long-term care home's mission statement.

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- The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- The long-term care home's policy to minimize the restraining of residents.
- All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

Through review of the orientation training material provided by the Agency "Long Term care Resource for staff and contractors, September 2020" it was noted that the Resident Bill of Rights included 27 of the 29 Rights' and referenced outdated legislation Long-Term Care Homes Act, 2007, S.O. 2007, c. 8.

Through email communication with the home's General Manager (GM) it was confirmed that the staff did not receive a Role Specific Orientation Checklist and that the staff did not participate in the home's Crossroad Education. The GM and DNC were not able to provide any further education provided to the staff member on orientation.

Not fully implementing the home's orientation and training program for all staff including agency staff poses a potential moderate risk that staff may not know information related to required mandatory education and training.

Sources: Interview with staff, record review of orientation documents, employee files, and policies.

This order must be complied with by

October 4, 2024



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.