

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 23, 2019	2019_778563_0040	019826-19, 020125-19	Critical Incident System

Licensee/Titulaire de permis

Omni Healthcare (CT) GPCO Ltd. as General Partner of Omni Healthcare (Country
Terrace) Limited Partnership
161 Bay Street, Suite 2430 TD Canada Trust Tower TORONTO ON M5J 2S1

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

Country Terrace
10072 Oxbow Drive, R.R. #3 Komoka ON N0L 1R0

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

MELANIE NORTHEY (563), NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 24 and 28, 29, 30, 31, November 1, 4, 5, 6, 12 and 13, 2019

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Nursing Administration Services Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Resident Assessment Instrument Coordinator, Resident Services Coordinator, OMNI Chief Operating Officer, OMNI President/Chief Executive Officer, OMNI Director of Operations, Staff Relief Health Care Executive Director, Staff Relief Health Care Nursing Administrator, Ontario Provincial Police Officers, and residents.

The inspector(s) also made observations of residents, activities and care and resident/staff interactions. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. The inspectors also reviewed the written staffing schedules of the home, education records, police record checks and staff qualification records.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

5 WN(s)

2 VPC(s)

3 CO(s)

1 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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

The licensee failed to ensure that residents were protected from abuse by anyone.

**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**

A Critical Incident (CI) System Report was submitted to the Ministry of Long-Term Care (MOLTC) and documented an allegation of abuse by a Personal Support Worker (PSW) towards two residents. The Administrator received an e-mail from a manager at another LTC home in London that identified the PSW was employed at Country Terrace and had posted inappropriate photographs on a social media account involving the two residents. The accused PSW was posed with the residents with inappropriate comments.

A letter to the PSW documented that they were "Relieved of Duties Pending Investigation" while "the employer is conducting an investigation into allegations of unsatisfactory performance and/or inappropriate conduct on your part."

Other PSWs working in the home verified that the social media account belonged to the accused PSW and the pictures were of two residents living in the home at that time. The interviews with other PSWs in the home revealed they did not report to the Administrator the posting of residents' photos with inappropriate comments, but understood the photos and comments were inappropriate and acknowledged that the photo of one of the residents was abusive. One specific PSW reported, during their investigation interview with the home, there was a photo of one of the two residents with the accused PSW with two other PSWs present in the resident's room. The two PSWs identified as taking the photos of the accused PSW and the residents were interviewed by Inspectors and denied taking any photos of the accused PSW and residents in the home. One of the PSWs had been off during the inspection and the other PSW continued to work in the home for several weeks.

The OMNI Health Care Code of Conduct stated, "All OMNI homes maintain a culture of caring, dignity and respect among those with whom we interact." "All employees have a duty to report any known or suspected violation of this Code, including any violation of applicable laws, rules, regulations or policies. Reporting a known or suspected violation of this Code by others should not be considered an act of disloyalty. Rather, you are doing the right thing for our residents and other OMNI employees." "Any employee who fails to report known or suspected violations by another employee may also be subject to appropriate discipline."

In a telephone interview, the accused PSW verified the social media account belonged to them, the pictures posted were of residents living in the home at that time, they wrote the inappropriate comments and that four to six other PSWs were in the room at the time of the photo. The accused PSW also stated that the account had approximately 50

followers and was created to make 50 or so people laugh.

The Social Media and Appropriate Use Policy #HR-GE=5.6 with effective date of September 2017 and revised June 1, 2018 stated, "This policy provides guidance for employee use of social media, which should be broadly understood for the purpose of this policy to include social networking sites, (Facebook, Instagram, Twitter, Snapchat, LinkedIn), chatrooms, online forums, blogs, message boards, electronic newsletters, and other sites and applications or services that permit users to share information with others in a simultaneous manner." The policy also stated, "Employees should be aware that though not an exclusive list, some specific examples of prohibited social media conduct shall include posting commentary, content or images that are illegal, pornographic, proprietary, harassing, defamatory, derogatory, threatening, antagonistic or inappropriate or harmful to Omni Health Care, its employees, residents or families".

The OMNI Health Care Employee Handbook stated, "To build a good reputation and achieve the best possible quality of living for our residents requires attention to detail and a consistent approach to top quality care and services. Be mindful that all the great accomplishments of many people can be undermined in a moment by a careless action or comment."

The Zero Tolerance of Abuse Policy #AM-6.9 with an effective date July 1, 2011 stated in part that the home would hold any individual who has committed abuse against a resident accountable for their actions and report each suspected or confirmed incident of abuse to the Ministry of Health and Long Term Care (MOHLTC). "Every resident is treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and is free from mental and physical abuse, always."

The Reporting Incidents Of Abuse Policy #AM-6.7 with an effective date July 1, 2011 stated that a suspected incident was an event that was believed to have occurred but has not yet been verified. The purpose of this policy was "to provide direction to all employees so that they may identify and respond to any and all incidents that require mandatory reporting to the Ministry of Health and Long Term Care under Section 24(1) of the Long Term Care Homes Act."

The Long-Term Care Homes Act, 2007 s. 24 (1) states, a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director: improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to

the resident and abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The homes internal investigations notes documented the following:

- A PSW was interviewed by the home and was asked “Have you ever worked with a staff member who took photographs or asked you to take photographs of residents?” and the reply was documented as “yes”. The home asked, “Who was this staff member?” and the PSW replied it was of themselves and two other PSWs with a resident. The PSW also said there was no follow up from the home after their initial interview with management and the PSW was aware they should not have taken photos with residents.
- Another PSW was interviewed by the home and reported they saw a photo of a different resident on social media posted by a different PSW.
- An investigation meeting was conducted by the home involving a PSW texting another PSW who was asking staff about their cell phone providers and admitted to management that they were trying to “figure out who took the pictures”. The Disciplinary Report documented that the PSW received a verbal discipline for a “direct violation of confidentiality”. They also violated “OMNI Code of Conduct and Respect Always policies”. The type of infraction was “misconduct”.

The Administrator acknowledged that a PSW reported the photo of a different resident with another PSW on social media during the PSW’s initial interview with the home. The Administrator said that they had not reported the incident to the MOHLTC and had not completed an internal investigation related to the PSW posting a picture of a resident on social media.

The Zero Tolerance of Abuse Policy #AM-6.9 with an effective date July 1, 2011 stated “zero tolerance means within this policy OMNI Health Care shall investigate every allegation of abuse and neglect in accordance with the complaint investigation policy, hold any individual who has committed abuse against a resident accountable for their actions, and report each suspected or confirmed incident of abuse or neglect to the Ministry of Health and Long Term Care.”

A Disciplinary Report was completed for both of the PSWs who were accused of taking the photos of residents with the accused PSW. The accused PSW then posted the photos and inappropriate comments on social media. The report documented a description of the violation where “the Employer met with [PSW] as part of an ongoing workplace investigation related to photographs of residents taken in the home and posted on a social media site. At the time, [PSW] denied all knowledge of any

**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**

photographs being taken and any knowledge of which staff members may have been involved in photographing or posting images of residents. Since that time, it has come to our attention that not only were you aware, but it is likely you were present. You failed to disclose that information at the time of the incident and again during our investigation. Your actions represent a failure to report resident abuse and a failure to protect the resident from abuse". The PSW received a three-day suspension, 29 days after the allegations of misconduct was reported and the PSW continued to care for residents in the home during that time.

The licensee failed to ensure that residents were protected from abuse by the staff in the home. Two residents had their picture taken by PSWs in the home and the accused PSW posted them on a social media account. Explicit comments accompanied the photos. The one resident was subject to inappropriate physical touching and the accused PSW made remarks of an inappropriate nature on a social media account to make 50 or so people laugh. The Ontario Regulation 79/10, 2 (1) states, "emotional abuse" means any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks. The second resident was called an insulting and disrespectful profanity on social media by the accused PSW. Other PSWs working in the home admitted that they "liked" the photos and did not report the photos to management because they did not want to get any one in trouble. PSWs were interviewed and shared that two specific PSWs were the photographers. These PSWs who were accused of taking the photos were not investigated and the home did not implement disciplinary measures until approximately a month later. The PSWs who saw the photos on social media did not report the misconduct to the home's management team; the Administrator was alerted of the photos from a staff member from another long term care home. The two residents were not protected from abuse. [s. 19. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76.
Training**

Specifically failed to comply with the following:

s. 76. (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. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

The licensee failed to ensure that no staff mentioned performed 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 24 to make mandatory reports.
5. The protections afforded by section 26.
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.

**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**

The Long-Term Care Homes Act (LTCHA), 2007, c. 8, s. 76 (7) states “Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations.”

The LTCHA, 2007 s. 2 (1) defines “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”).

A Critical Incident (CI) System Report was submitted to the Ministry of Long-Term Care (MOLTC). The CI report documented an allegation of abuse by a Personal Support Worker (PSW) towards two residents.

The Surge Learning education records were reviewed for the accused PSW. The PSW completed the test related to “Zero Tolerance of Abuse and Neglect of Residents” and received 67 per cent. The Director of Care (DOC) stated it was the responsibility of the Administrator and DOC to follow up to ensure the zero tolerance for abuse training was completed. The DOC stated the staff member was required to pass the “Zero Tolerance of Abuse and Neglect of Residents” Surge Learning education annually with 80 per cent. The DOC reviewed the PSW Surge Learning record and verified they were unaware that the PSW received 67 per cent. The DOC verified the PSW received 67 per cent and stated the PSW would have to do the education again.

Other PSW staff education records were reviewed as well as agency PSWs who provided personal support services at Country Terrace between November 2018 and October 2019. Three other part time PSW education records were reviewed and those employees completed their orientation education and their mandatory annual education

**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**

in Surge related to abuse and neglect. The home also had a 97.9 per cent completion of Surge education related to zero tolerance, duty to report and reporting incidents of abuse for all staff. The home provided a summary of qualifications titled, "VSS/Criminal Record Check PSW Certificates Registered Staff License to Practice" for agency PSWs. The document identified only four of 31 agency staff who completed the orientation package that included mandatory education requirements related to s. 76 (2).

The DOC verified the home used Staff Relief as the agency for Personal Support Workers. The DOC stated that the role of the home in training new agency staff working at Country Terrace included the agency PSW reviewing the orientation package that included policies and home information. On the first day of hire, the agency PSWs were required to read the orientation manual, sign it and put it in an envelope for the Director of Care. The DOC stated, unfortunately not many agency PSWs handed them in. The home only has record of four of 31 or 13 per cent of the agency PSWs working in the home between November 2018 and October 2019 to have handed back the confirmation of education requirements on their first day of hire. The DOC verified there was no documented evidence that 27 agency PSWs received training before performing their responsibilities. The DOC explained the process for orienting the agency staff to the home included lift training, signing the confidentiality pledge, four moments of hand hygiene, fire prevention, zero tolerance of abuse, code of conduct, and review of the information package.

The DOC stated agency staff were asked to arrive an hour early for their shift if it was the first day of hire. The DOC stated they were now ensuring that the agency package was completed by the agency PSWs before working with and caring for residents. The DOC stated no one was delegated to ensure the orientation package was reviewed and signed as completed before any agency PSW performed their responsibilities. There was no consistent follow up with the agency PSWs to ensure it was completed and handed in.

The "Agency Staff" education materials included the following:

OMNI Healthcare Mission

OMNI Healthcare Vision

2.0 Emergency & Disaster Procedures (Name of Code & Incident) and fire procedure

2.1 Infection Control and proper hand washing

2.2 RN/DOC/Administrator Supervision

2.3 Respect always

2.4 Resident Abuse

2.5 Vaccines

2.6 Smoking

2.7 Gifts

2.8 Dress Code

3.0 Resident's Bill of Rights

4.0 Mandatory 2 person lift policy

5.0 Communication and Listening

Mandatory Two Person Lifts & Two Person Transfers Acknowledgement and Agreement

Confidentiality Statement

4 Moments of Hand Hygiene

Fire prevention and Safety (copy of the Emergency Preparedness Manual Fire
Prevention dated October 2013)

Zero of Abuse and Neglect of Residents Policy AM-6.9 effective June 2015

OMNI Health Care Code of Conduct

There was no documented evidence to support that the required mandatory training was completed by the 27 agency employees who worked in the home between November 2018 and October 2019.

The employee files were reviewed for the 31 Staff Relief agency PSWs who have provided personal support services as a PSW at Country Terrace. The following documentation was on file for four agency staff:

- The Agency Staff Orientation Package,
- Confidentiality Statement, and
- Lift Training.

The Nursing Administrator (NA) from Staff Relief Health Care Services Incorporated stated that they worked for the agency providing direct recruitment, on-boarding, training and orientation for the registered and non-registered staff contracted to the home. When asked what the agreement was related to the training that was provided to Staff Relief employees who provide services at Country Terrace, the NA stated the agency does have a mandatory orientation upon hire where the employees must review thirteen components of mandatory training. The NA stated that in the past if Staff Relief felt the PSW needed floor orientation, whether an hour or eight hours, Staff Relief would call the home and arrange a date and time to complete that orientation. The NA stated that the mandatory training items provided by Staff Relief to their employees referenced the Long Term Care Homes Act, but was not specific to Country Terrace. When asked if Country Terrace provided Staff Relief with specific policies or orientation materials prior to staff coming into the home, the Nursing Administrator stated they were never provided an

orientation package from the home.

The Orientation for New Employees Policy # HR-GE-2.6 effective October 2015 stated the purpose of the policy was "to ensure that all new employees receive a comprehensive orientation to OMNI Health care, to the location of their employment (Home or Home Office) and to their particular position. Such orientation shall be consistent and relevant, and will facilitate the effective and safe performance of their assigned duties in accordance with OMNI policies and applicable legislation." "This policy applies to all employees at OMNI Health Care."

There was a telephone meeting with the Chief Operating Officer (COO) and the President / Chief Executive Officer (CEO). The Inspectors, the Inspection Manager and the London Service Area Office (LSAO) Manager were present. The Inspector shared that the home could only account for four of 31 agency staff who have completed the mandatory education prior to providing care to resident and there was no documented evidence that 27 agency PSWs completed the training. The COO stated they would look into this.

The licensee failed to ensure that no staff, including agency staff working in the home pursuant to a contract or agreement, performed their responsibilities before receiving training and orientation. [s. 76. (2)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 47. Qualifications of personal support workers

Findings/Faits saillants :

The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider.

Ontario Regulation (O.Reg.) 79/10 s. 47 (2) states, the personal support worker program must meet the Personal Support Worker (PSW) Program Standard published by the Ministry of Training, Colleges and Universities and must be a minimum of 600 hours in duration, counting both class time and practical experience time.

O.Reg. 79/10 s. 47 (3)(a) states, the licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and who has the appropriate current certificate of registration with the College of Nurses of Ontario.

O.Reg. 79/10 s. 47 (3)(c) states, the licensee may hire a personal support worker or to provide personal support services, a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker.

O.Reg. 79/10 s. 47 (3)(d) states, a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program.

The following staff members working as PSWs at Country Terrace did not meet the legislative requirements for qualifications of personal support workers hired by the licensee to provide personal support services:

a) A PSW was hired and worked as a temporary full time PSW on the night shift had failed the final exam for the PSW program and has not graduated from the program. The PSW stated they have been working at Country Terrace for several months shared that they completed the PSW program but did not pass the final exam, did not graduate and does not have a PSW certification. The PSW verified the practical experience requirement of the PSW program was completed under the supervision of the registered staff at two different long term care homes as well as the instructor of their PSW program. The PSW shared that there was a Registered Nurse (RN) or Registered Practical Nurse (RPN) overseeing the students and the registered staff would also speak to the instructor regarding the students' progress. The instructor would ask different questions, and then the PSW, RN or RPN would write in the students' notebook that tells the school how they were performing at the home. The PSW verified Country Terrace

**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**

was not a placement for their practical experience as part of the PSW program. The PSW stated Country Terrace knew they did not have their PSW qualifications, but the home was satisfied because the PSW completed the program and had experience.

b) A PSW was hired and worked part time as a PSW. The PSW completed the program requirements with exception to one clinical placement. The PSW verified that they were a student at a local College, but not graduated from the PSW program. The PSW shared that one class had to be taken again before they could attend their final placement, and stated they were not enrolled to do the placement because of the expense.

c) A PSW was hired and worked part time as a PSW. The PSW had one course and one placement to complete to graduate from the PSW program and stated they still needed to complete one clinical community placement with an expected graduation date of April 2020. The PSW verified they were asked to hand in their enrollment letter upon hire as a PSW and stated the practical experience requirement of the PSW program was completed under the supervision of the registered staff at another long term care home, as well as the instructor of the PSW program. The PSW verified Country Terrace was not a placement for their practical experience as part of the PSW program. The PSW stated Country Terrace were trying to get the PSW enrolled so the PSW did not lose their job and stated they were currently on a part time line for four guaranteed shifts in two weeks.

d) A PSW was hired and worked part time as a PSW. The PSW just entered the PSW program and their Hire and Orientation Check List stated, "proof of enrollment for PSW cert" with confirmed employment as a PSW. The PSW had an expected graduation date in August 2020 by completing the PSW program on the weekends. The Director of Care (DOC) and Nursing Administration Services Manager (NASM) stated they participated in the interview and hiring process for PSWs. The Inspector reviewed a PSW's resume where it stated the PSW had unrelated work experience. The DOC was asked if the PSW was qualified to care for residents in long term care as a PSW and the DOC stated the PSW seemed good based on the interview. The NASM stated that according to the regulations, the PSW did not meet the qualification to work as a PSW providing personal support services in long term care.

e) A PSW was hired and worked part time as a PSW. The PSW just entered the PSW program with a start date of September 2019 for the weekend delivery with an expected graduation date in August 2020. The PSW's Hire and Orientation Check List confirmed employment in October 2019 as a PSW. The PSW's resume included unrelated work experience. The Inspector asked the NASM if the PSW was qualified to care for

residents in long term care as a PSW, and the NASM replied “no”.

f) Three agency PSWs, Staff Relief employees working as a PSW, had their first day at Country Terrace in October 2019. The agency PSWs just entered the “PSW6 – Personal Support Worker” as a full-time student to start in September 2019 with an end date in April 2020.

g) An agency PSW, a Staff Relief employee working as a PSW, had their first day at Country Terrace in May 2019. The agency PSW had a College of Nurses of Ontario (CNO) Initial Nursing Assistant Registration Certificate. The agency PSW resigned their CNO membership in September 2016.

The Country Terrace management staff were asked to provide Inspector(s) with the proof of graduation issued by the education provider for the successful completion of a personal support worker program that meets requirements for home and agency PSWs. The home requested the documentation from Staff Relief Health Care Services Incorporated. The home received the requested records from Staff Relief and created a summary of qualifications titled, “VSS/Criminal Record Check PSW Certificates Registered Staff Licence to Practice”. The summary and supporting records of qualifications documented that 11 Staff Relief employees working as PSWs at Country Terrace had completed their nursing registration in either India, the Philippines, Nepal or Manila.

Director of Care (DOC) and Nursing Administration Services Manager (NASM) were asked to explain the employment qualifications for a person hired as a PSW and the NASM stated a PSW certificate or enrolled in a PSW program with proof of enrollment. The NASM and DOC shared it was their understanding that the OMNI “Job Description” for hiring PSWs to work at Country Terrace was the procedure from head office. The NASM and DOC provided Inspectors with a form titled, “Job Description Personal Support Worker / Health Care Aide / Nurses’ Aide” that stated the following “Qualifications” related to “Education”:

1. Successful completion in an approved PSW program that is a minimum of 600 hours in duration, including both classroom and practical experience, OR
2. Current enrollment in an approved PSW program presently completing the practical experience portion of the training, OR
3. Current enrollment in an educational program for registered nurses or registered practical nurses and adequate skill and knowledge to perform the duties of a PSW."

**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**

The Inspector asked what a “current enrollment in an approved Personal Support Worker program presently completing the practical experience portion of the training” meant and the NASM stated the candidate was in the PSW program, approved for the program, have done everything and were in their placement. The PSW candidate was hired on the basis that they were in the PSW program. The DOC stated there was a PSW crisis and the home was desperate. The DOC stated a PSW only needs to have current enrollment in an approved PSW program and presently completing the practical experience portion of the training to work as a PSW at Country Terrace. The Inspector asked if a high school graduate with no long term care experience and was newly enrolled in the PSW program could work as a PSW caring for residents at Country Terrace and both the DOC and the NASM said, “yes”.

The Administrator shared that the home had three people they were aware of who were not graduated from the PSW program; two PSWs and another PSW who worked nights who failed the English section of the final exam. Later, the Administrator verified that there were six students currently working as PSWs at Country Terrace. The Administrator shared that one PSW was not currently enrolled in a PSW program, but the home was going to provide the PSW with a bursary so they could finish. The Administrator also confirmed four other PSWs were currently working as PSWs without proof of graduation. Lastly, the Administrator stated another PSW hired to work part time as a PSW was graduated and the home was waiting for their documented proof of graduation.

The OMNI Health Care website advertised for a PSW in Komoka, Ontario in October 2019, and the posting stated, "Current enrollment in an approved PSW program presently completing the practical experience portion of the training."

The DOC shared that the PSW student hire date was their orientation date for the general orientation day and was considered their first day worked and paid. The DOC shared that the home does not have a casual call in line, so every PSW was either part or full time employed. PSW students will work Christmas, weekends or reading week, but were considered on an Educational Leave of Absence (ELOA). The Inspector asked for those employees hired as PSWs and were PSW students if they were working under the supervision of a member of the registered nursing staff and an instructor from the PSW program and the DOC asked if they could be considered an instructor. The DOC verified they did not work at Fanshawe College, Trios or any other educational institution as an instructor for the PSW program.

**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**

The “Daily Work Assignments” for one week in September, October and November in 2019 were reviewed and the following five PSWs had not successfully completed a personal support worker program, had no proof of graduation on file and worked as PSWs in the home for multiple shifts over three months.

The following five Registered Nurse (RN) and Registered Practical Nurse (RPN) students were working as PSWs in the home. The staff members' enrollment with a college or university was the record of their qualifications to work as PSWs and the home had no proof of the following staff members qualifications as enrolled in an educational program for registered nurses or registered practical nurses. The DOC could not verify with documented evidence that the five RN and RPN students working in the home as PSWs were enrolled in an educational program for registered nurses or registered practical nurses. The DOC provided the following proof of enrollment as the qualifications for those RN and RPN student staff members working as PSWs in the home. The following enrollment documentation was reviewed for the following five staff members enrolled in an educational program for registered nurses or registered practical nurses:

- PSW was hired in 2019 and provided an unofficial transcript from a college until Spring 2019,
 - PSW was hired in 2019 and provided a university "Pre-Placement Requirements Entering Student Clearance Form" (Medical Requirements) dated 2018,
 - PSW was hired in 2019 and provided a university "Enrolment Certificate" dated 2017,
 - PSW was hired in 2019 and provided a College Passport to Placement dated 2018, and
 - PSW was hired in 2017 and provided a university "Enrolment Certificate" dated 2017.
- The DOC could not verify with documented evidence that the five RN and RPN students working in the home as PSWs were currently enrolled in an educational program for registered nurses or registered practical nurses to qualify to work as PSWs at Country Terrace.

The Director of Care provided an "Hours Worked" summary that documented the following hours worked over the past three months for three identified PSWs:

- a PSW worked 133.5 hours in September 2019, 164 hours in October 2019 and 61.5 hours in November 2019,
- a PSW worked 147 hours in September 2019, 121 hours in October 2019 and 73 hours in November 2019, and
- a PSW worked 52.5 hours in October 2019 and 54 hours in November 2019.

The “Daily Work Assignments” for one week in September, October and November 2019, documented that eight agency PSWs worked in the home with no documented

evidence of successfully completing a personal support worker program.

Inspectors had an exit debrief meeting with the DOC, Administrator and with Director of Operations by telephone. Inspector #610 delivered a high level overview of the areas of concern identified during the inspection; one being PSW qualifications. The Director of Operations responded that they were not going to let these people go, the home would respond accordingly to the licensee report and the people would continue working in the home. The Director of Operations commented that it would be worse to have no staff present to assist residents.

The Nursing Administrator (NA) from Staff Relief Health Care Services Incorporated verified that multiple agency employees were working as PSWs at Country Terrace without proof of graduation from a PSW program stating those employees were nurses from other countries like India. The NA stated the PSW was a former RPN and was resigned from the CNO. As well, the NA verified there were three employees with a start date in the home in October 2019 who just entered the “PSW6 – Personal Support Worker” as a full-time student to start in September 2019 with an end date in April 2020.

There was a telephone meeting with the Chief Operating Officer (COO) and the President / Chief Executive Officer (CEO). The Inspectors, the Inspection Manager and the London Service Area Office (LSAO) Manager were present. The Inspector read the form titled “Job Description Personal Support Worker / Health Care Aide / Nurses’ Aide” that stated the following “Qualifications” related to “Education” were “2. Current enrollment in an approved PSW program presently completing the practical experience portion of the training”. The COO stated they were aware what the legislation said and knew that the education qualifications did not meet the legislation. The COO stated they were having difficulty getting fully qualified people and acknowledged there were employees of Country terrace without proof of graduation from a PSW program working as PSWs in the home. The COO shared that a body was better than no body. The LSAO Manager asked if the COO and the CEO were clear on regulation 47 (3) and they both acknowledged that they understood the legislation. The CEO stated they had a different interpretation of the legislation related to supervision. The CEO stated the legislation does not state the RN or RPN license needed to be from Ontario and the Inspector clarified that the legislation did state, “a licensee may hire as a personal support worker to provide personal support services a registered nurse or registered practical nurse who has the appropriate current certificate of registration with the College of Nurses of Ontario.” The COO stated again they understood what the law was. The CEO stated they would need to look further into the classifications and legislation.

The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider. Multiple agency PSWs did have proof of graduation from a PSW program and were registered nurses in India. One agency PSW had resigned there CNO registration in 2016 and continued to work as a PSW at Country Terrace. Multiple employees were working as PSWs who were either enrolled in a PSW program and not graduated or were no longer enrolled in a PSW program without proof of graduation. Multiple students in the PSW program verified they did not complete the practical experience requirement of the PSW program at Country Terrace. [s. 47.]

Additional Required Actions:

***CO # - 003 will be served on the licensee. Refer to the “Order(s) of the Inspector”.
DR # 001 – The above written notification is also being referred to the Director for
further action by the Director.***

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 215. Police record check

Findings/Faits saillants :

The licensee has failed to ensure that a criminal reference check, that was conducted by a police force and within six months before a staff member was hired, was completed before a licensee hired a staff member to determine the person's suitability to be a staff member in a long-term care home and to protect residents from abuse and neglect.

The Long-Term Care Homes Act, 2007 s. 75 (1) and (2) states: Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age.

**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**

A Critical Incident (CI) System Report was submitted to the Ministry of Health and Long-Term Care (MOHLTC) and documented an allegation of abuse by a Personal Support Worker (PSW) towards two residents. The Administrator received an e-mail from a manager at another LTC home in London that identified the PSW was employed at Country Terrace and had posted inappropriate photographs on a social media account involving two residents. The accused PSW was posed with the residents with inappropriate comments.

The OMNI Health Care “Point of Hire Self Declaration Regarding Criminal Record” was completed by the accused PSW. The Police Vulnerable Sector Check was conducted by a Police Service. The police record check was not completed within six months before the accused PSW was hired, it was approximately five months late.

The Director of Care (DOC) and the Nursing Administration Services Manager (NASM) stated they were responsible for interviewing staff and verified that the accused PSW was working in the home for five months and did not have a police record check to determine their suitability to be a staff member in long term care.

Other PSW staff records were reviewed to ensure a criminal reference check was conducted by a police force and within six months before hire. The home provided a summary of qualifications titled, “VSS/Criminal Record Check PSW Certificates Registered Staff Licence to Practice” and the following information was documented:

- a PSW was hired and their police record check was conducted 11 days after hire.
- a PSW was hired and their police record check was conducted approximately one month after hire.
- a PSW was hired and their police record check was conducted two months and three weeks after hire.
- a PSW was hired and their police record check was conducted approximately one month after hire.
- a PSW was hired and their police record check was conducted approximately one month after hire.
- a PSW was hired and their police record check was conducted approximately eight months after hire.
- a PSW was hired and their police record check was conducted 19 months prior to hire.
- a PSW, Registered Nurse (RN) student at Western University was hired and their police record check was conducted April 8, 2019, approximately three weeks after hire.
- a PSW, RN student, was hired and their police record check was conducted two weeks after hire.

**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**

- a PSW, RN student, was hired and their police record check was conducted five days after hire.
- a PSW, Registered Practical Nurse (RPN) student, was hired and their police record check was conducted approximately seven months prior to hire.
- a PSW, RN student, was hired and their police record check was conducted seven months prior to hire.
- a PSW, RN student, was hired and their police record check was conducted six days after hire.
- a Staff Relief PSW had no police record check conducted by a police force.
- a Staff Relief PSW had their police record check conducted one year and ten months prior to hire.
- a Staff Relief PSW had their police record check conducted seven months prior to hire.

The Director of Care (DOC) confirmed that the PSW staff listed had a police record check completed either greater than six months prior to hire or provided after the first day of hire. The DOC stated that the PSW hire date was their general orientation day and this was considered their first day worked and paid.

There was a telephone meeting with the Chief Operating Officer (COO) and the President / Chief Executive Officer (CEO). The Inspectors, the Inspection Manager and the London Service Area Office (LSAO) Manager were present. It was discussed that proof of qualifications and proof of a police record check must be on site for all staff working in the home and this did not occur for both home and agency staff. The COO stated it was the expectation that records of qualifications were kept onsite at the home for all staff.

The licensee has failed to ensure that a criminal reference check was conducted by a police force and within six months before agency and home staff members were hired. [s. 215.]

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 to ensure that a criminal reference check, that is conducted by a police force and within six months before a staff member is hired, is completed before a licensee hired a staff member to determine the person's suitability to be a staff member in a long-term care home and to protect residents from abuse and neglect, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 234. Staff records Specifically failed to comply with the following:

- s. 234. (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.**
 - 2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession.**
 - 3. Where applicable, the results of the staff member's police record check under subsection 75 (2) of the Act.**
 - 4. Where applicable, the staff member's declarations under subsection 215 (4). O. Reg. 79/10, s. 234 (1); O. Reg. 451/18, s. 4.**

Findings/Faits saillants :

The licensee has failed to ensure that a record was kept for each staff member of the home that included at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.
2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing

his or her profession.

3. Where applicable, the results of the staff member's police record check under subsection 75 (2) of the Act.

4. Where applicable, the staff member's declarations under subsection 215 (4).

The home provided a summary of qualifications titled, "VSS/Criminal Record Check PSW Certificates Registered Staff Licence to Practice" and the home had no proof of PSW qualifications that could be provided to the inspector for six PSW staff.

The "Daily Work Assignments" for one week in September, October and November 2019 were reviewed and eight PSWs had no proof of graduation on file in the home.

The following five Registered Nurse (RN) and Registered Practical Nurse (RPN) students were working as PSWs in the home. The staff members' enrollment with a college or university was the record of their qualifications to work as PSWs and the home had no proof of the following staff members qualifications as enrolled in an educational program for registered nurses or registered practical nurses. The DOC could not verify with documented evidence that the five RN and RPN students working in the home as PSWs were enrolled in an educational program for registered nurses or registered practical nurses. The DOC provided the following proof of enrollment as the qualifications for those RN and RPN student staff members working as PSWs in the home. The following enrollment documentation was reviewed for the following five staff members enrolled in an educational program for registered nurses or registered practical nurses:

- PSW was hired in 2019 and provided an unofficial transcript from a college until Spring 2019,
 - PSW was hired in 2019 and provided a university "Pre-Placement Requirements Entering Student Clearance Form" (Medical Requirements) dated 2018,
 - PSW was hired in 2019 and provided a university "Enrolment Certificate" dated 2017,
 - PSW was hired in 2019 and provided a College Passport to Placement dated 2018, and
 - PSW was hired in 2017 and provided a university "Enrolment Certificate" dated 2017.
- The DOC could not verify with documented evidence that the five RN and RPN students working in the home as PSWs were currently enrolled in an educational program for registered nurses or registered practical nurses to qualify to work as PSWs at Country Terrace.

The home provided a summary of qualifications titled, "VSS/Criminal Record Check PSW Certificates Registered Staff License to Practice" and the home had no proof of a police record check that could be provided to the inspector for three staff hired after July 1,

2011.

The Administrator was asked if the home kept proof of police record checks and qualifications for agency PSWs working in the home and the Administrator stated that Staff Relief had those records and the agency had to send them to the home. The Administrator shared that moving forward, Staff Relief now must provide proof of qualifications before an agency PSW starts in the home.

The DOC verified that the home did not have record of the proof of qualifications for agency PSWs currently working in the home. The DOC stated the home now has those records since the Inspectors requested it. The DOC was asked what the home required before an agency PSW started working in the home and the DOC stated when the PSW comes for the first time they come with the police record check and PSW certificate from now on because that was not happening. The DOC also verified that the PSW staff listed did not have proof of PSW qualifications, had no proof of registration with the college or university as record of their qualifications, or they had no proof of a police record check that could be provided to the inspector.

The Nursing Administrator (NA) from Staff Relief Health Care Services Incorporated described the process for hiring PSWs that included job postings on the various website, job fairs, and once resumes are received, Staff Relief would call them and screen over the phone to review qualifications, credentials and references. An in-person interview would then validate all the documents and confirm the candidate was in good standing. The NA stated Country Terrace never requested proof of qualifications until inspectors requested the information. Staff Relief kept employee files for the agency employees of Staff Relief who provided services at Country Terrace.

Staff Relief Health Care Services Incorporated supplied 31 Staff Relief employees to provide personal support services at Country Terrace 11 months.

There was a telephone meeting with the Chief Operating Officer (COO) and the President / Chief Executive Officer (CEO). The Inspectors, the Inspection Manager and the London Service Area Office (LSAO) Manager were present. It was discussed that proof of qualifications and proof of a police record check must be on site for all staff working in the home and this did not occur for both home and agency staff. The COO stated it was the expectation that records of qualifications were kept onsite at the home for all staff.

The licensee has failed to ensure that a record was kept for each staff member of the home that included staff member's qualifications and police record check. [s. 234. (1)]

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 to 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.***
- 2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession.***
- 3. Where applicable, the results of the staff member's police record check under subsection 75 (2) of the Act.***
- 4. Where applicable, the staff member's declarations under subsection 215 (4), to be implemented voluntarily.***

Issued on this 14th day of January, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MELANIE NORTHEY (563), NATALIE MORONEY (610)

Inspection No. /

No de l'inspection : 2019_778563_0040

Log No. /

No de registre : 019826-19, 020125-19

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Dec 23, 2019

Licensee /

Titulaire de permis : Omni Healthcare (CT) GPCO Ltd. as General Partner of
Omni Healthcare (Country Terrace) Limited Partnership
161 Bay Street, Suite 2430, TD Canada Trust Tower,
TORONTO, ON, M5J-2S1

LTC Home /

Foyer de SLD : Country Terrace
10072 Oxbow Drive, R.R. #3, Komoka, ON, N0L-1R0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Karen Dann

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To Omni Healthcare (CT) GPCO Ltd. as General Partner of Omni Healthcare (Country Terrace) Limited Partnership, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee must be compliant with the LTCHA, s. 19 (1).

Specifically, the licensee must:

- a) Protect the resident and any other resident from abuse by anyone.
- b) Ensure that, without in any way restricting the generality of the duty provided for in section 19, there is a written policy to promote zero tolerance of abuse and neglect of residents that is complied with.
- c) Ensure that every alleged, suspected or witnessed incident of abuse that the licensee knows of, or that is reported to the licensee, is immediately investigated.
- d) Ensure the person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director: improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident and abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
- e) Ensure all staff of the home have received training on the Social Media and Appropriate Use Policy #HR-GE=5.6. A written record is kept of all training including staff names, dates and training content.

Grounds / Motifs :

1. The licensee failed to ensure that residents were protected from abuse by anyone.

A Critical Incident (CI) System Report was submitted to the Ministry of Long-Term Care (MOLTC) and documented an allegation of abuse by a Personal Support Worker (PSW) towards two residents. The Administrator received an e-mail from a manager at another LTC home in London that identified the PSW

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

was employed at Country Terrace and had posted inappropriate photographs on a social media account involving the two residents. The accused PSW was posed with the residents with inappropriate comments.

A letter to the PSW documented that they were "Relieved of Duties Pending Investigation" while "the employer is conducting an investigation into allegations of unsatisfactory performance and/or inappropriate conduct on your part."

Other PSWs working in the home verified that the social media account belonged to the accused PSW and the pictures were of two residents living in the home at that time. The interviews with other PSWs in the home revealed they did not report to the Administrator the posting of residents' photos with inappropriate comments, but understood the photos and comments were inappropriate and acknowledged that the photo of one of the residents was abusive. One specific PSW reported, during their investigation interview with the home, there was a photo of one of the two residents with the accused PSW with two other PSWs present in the resident's room. The two PSWs identified as taking the photos of the accused PSW and the residents were interviewed by Inspectors and denied taking any photos of the accused PSW and residents in the home. One of the PSWs had been off during the inspection and the other PSW continued to work in the home for several weeks.

The OMNI Health Care Code of Conduct stated, "All OMNI homes maintain a culture of caring, dignity and respect among those with whom we interact." "All employees have a duty to report any known or suspected violation of this Code, including any violation of applicable laws, rules, regulations or policies. Reporting a known or suspected violation of this Code by others should not be considered an act of disloyalty. Rather, you are doing the right thing for our residents and other OMNI employees." "Any employee who fails to report known or suspected violations by another employee may also be subject to appropriate discipline."

In a telephone interview, the accused PSW verified the social media account belonged to them, the pictures posted were of residents living in the home at that time, they wrote the inappropriate comments and that four to six other PSWs were in the room at the time of the photo. The accused PSW also stated that the account had approximately 50 followers and was created to make 50 or

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

so people laugh.

The Social Media and Appropriate Use Policy #HR-GE=5.6 with effective date of September 2017 and revised June 1, 2018 stated, "This policy provides guidance for employee use of social media, which should be broadly understood for the purpose of this policy to include social networking sites, (Facebook, Instagram, Twitter, Snapchat, LinkedIn), chatrooms, online forums, blogs, message boards, electronic newsletters, and other sites and applications or services that permit users to share information with others in a simultaneous manner." The policy also stated, "Employees should be aware that though not an exclusive list, some specific examples of prohibited social media conduct shall include posting commentary, content or images that are illegal, pornographic, proprietary, harassing, defamatory, derogatory, threatening, antagonistic or inappropriate or harmful to Omni Health Care, its employees, residents or families".

The OMNI Health Care Employee Handbook stated, "To build a good reputation and achieve the best possible quality of living for our residents requires attention to detail and a consistent approach to top quality care and services. Be mindful that all the great accomplishments of many people can be undermined in a moment by a careless action or comment."

The Zero Tolerance of Abuse Policy #AM-6.9 with an effective date July 1, 2011 stated in part that the home would hold any individual who has committed abuse against a resident accountable for their actions and report each suspected or confirmed incident of abuse to the Ministry of Health and Long Term Care (MOHLTC). "Every resident is treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and is free from mental and physical abuse, always."

The Reporting Incidents Of Abuse Policy #AM-6.7 with an effective date July 1, 2011 stated that a suspected incident was an event that was believed to have occurred but has not yet been verified. The purpose of this policy was "to provide direction to all employees so that they may identify and respond to any and all incidents that require mandatory reporting to the Ministry of Health and Long Term Care under Section 24(1) of the Long Term Care Homes Act."

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The Long-Term Care Homes Act, 2007 s. 24 (1) states, a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director: improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident and abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The homes internal investigations notes documented the following:

- A PSW was interviewed by the home and was asked “Have you ever worked with a staff member who took photographs or asked you to take photographs of residents?” and the reply was documented as “yes”. The home asked, “Who was this staff member?” and the PSW replied it was of themselves and two other PSWs with a resident. The PSW also said there was no follow up from the home after their initial interview with management and the PSW was aware they should not have taken photos with residents.
- Another PSW was interviewed by the home and reported they saw a photo of a different resident on social media posted by a different PSW.
- An investigation meeting was conducted by the home involving a PSW texting another PSW who was asking staff about their cell phone providers and admitted to management that they were trying to “figure out who took the pictures”. The Disciplinary Report documented that the PSW received a verbal discipline for a “direct violation of confidentiality”. They also violated “OMNI Code of Conduct and Respect Always policies”. The type of infraction was “misconduct”.

The Administrator acknowledged that a PSW reported the photo of a different resident with another PSW on social media during the PSW’s initial interview with the home. The Administrator said that they had not reported the incident to the MOHLTC and had not completed an internal investigation related to the PSW posting a picture of a resident on social media.

The Zero Tolerance of Abuse Policy #AM-6.9 with an effective date July 1, 2011 stated “zero tolerance means within this policy OMNI Health Care shall investigate every allegation of abuse and neglect in accordance with the complaint investigation policy, hold any individual who has committed abuse against a resident accountable for their actions, and report each suspected or

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

confirmed incident of abuse or neglect to the Ministry of Health and Long Term Care.”

A Disciplinary Report was completed for both of the PSWs who were accused of taking the photos of residents with the accused PSW. The accused PSW then posted the photos and inappropriate comments on social media. The report documented a description of the violation where “the Employer met with [PSW] as part of an ongoing workplace investigation related to photographs of residents taken in the home and posted on a social media site. At the time, [PSW] denied all knowledge of any photographs being taken and any knowledge of which staff members may have been involved in photographing or posting images of residents. Since that time, it has come to our attention that not only were you aware, but it is likely you were present. You failed to disclose that information at the time of the incident and again during our investigation. Your actions represent a failure to report resident abuse and a failure to protect the resident from abuse”. The PSW received a three-day suspension, 29 days after the allegations of misconduct was reported and the PSW continued to care for residents in the home during that time.

The licensee failed to ensure that residents were protected from abuse by the staff in the home. Two residents had their picture taken by PSWs in the home and the accused PSW posted them on a social media account. Explicit comments accompanied the photos. The one resident was subject to inappropriate physical touching and the accused PSW made remarks of an inappropriate nature on a social media account to make 50 or so people laugh. The Ontario Regulation 79/10, 2 (1) states, “emotional abuse” means any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks. The second resident was called an insulting and disrespectful profanity on social media by the accused PSW. Other PSWs working in the home admitted that they “liked” the photos and did not report the photos to management because they did not want to get any one in trouble. PSWs were interviewed and shared that two specific PSWs were the photographers. These PSWs who were accused of taking the photos were not investigated and the home did not implement disciplinary measures until approximately a month later. The PSWs who saw the photos on social media did not report the misconduct to the home’s management team; the Administrator was alerted of the photos from a staff member from another long term care home. The two residents were not

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

protected from abuse.

The severity of this issue was determined to be a level 3 as there was actual risk. The scope of the issue was a level 2. The home had a level 3 history as they had previous noncompliance to the same subsection with this section of the LTCHA that included a Written Notification (WN) and Compliance Order (CO) issued July 13, 2018 (2018_722630_0011). The CO was complied November 16, 2018 (2018_722630_0011). (610)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2020

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /**No d'ordre :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (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 24 to make mandatory reports.
5. The protections afforded by section 26.
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. 2007, c. 8, s. 76. (2).

Order / Ordre :

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with LTCHA 2007 s. 76 (2).

Specifically, the licensee must:

- a) Create a quality improvement plan that includes a protocol to ensure that all new persons working in the home pursuant to a contract or agreement between the licensee and an employment agency or other third party (referred to as "agency staff") receive orientation/training before performing their responsibilities. The protocol must include the contract with the employment agency or other third party and that it meets the requirements of LTCHA 2007 s. 76(2) and 76(7).
- b) Ensure and verify that every agency staff providing personal support services or nursing services in the home, receives orientation/training related to the following:
 - 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 24 to make mandatory reports.
 - 5. The protections afforded by section 26.
 - 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. 2007, c. 8, s. 76 (2).
 - 12. Fire prevention and safety.
 - 13. Emergency and evacuation procedures.
 - 14. Infection prevention and control.
 - 15. Abuse recognition and prevention.
 - 16. Mental health issues, including caring for persons with dementia.
 - 17. Behaviour management.
 - 18. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. A record of this training is to be kept in the agency staff person's file in the home.
- c) A written record is kept of all training including staff names, dates and training content, to ensure that all agency staff received the training.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Grounds / Motifs :

1. The licensee failed to ensure that no staff mentioned performed 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 24 to make mandatory reports.
 5. The protections afforded by section 26.
 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 Long-Term Care Homes Act (LTCHA), 2007, c. 8, s. 76 (7) states "Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations."

The LTCHA, 2007 s. 2 (1) defines "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").

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

A Critical Incident (CI) System Report was submitted to the Ministry of Long-Term Care (MOLTC). The CI report documented an allegation of abuse by a Personal Support Worker (PSW) towards two residents.

The Surge Learning education records were reviewed for the accused PSW. The PSW completed the test related to “Zero Tolerance of Abuse and Neglect of Residents” and received 67 per cent. The Director of Care (DOC) stated it was the responsibility of the Administrator and DOC to follow up to ensure the zero tolerance for abuse training was completed. The DOC stated the staff member was required to pass the “Zero Tolerance of Abuse and Neglect of Residents” Surge Learning education annually with 80 per cent. The DOC reviewed the PSW Surge Learning record and verified they were unaware that the PSW received 67 per cent. The DOC verified the PSW received 67 per cent and stated the PSW would have to do the education again.

Other PSW staff education records were reviewed as well as agency PSWs who provided personal support services at Country Terrace between November 2018 and October 2019. Three other part time PSW education records were reviewed and those employees completed their orientation education and their mandatory annual education in Surge related to abuse and neglect. The home also had a 97.9 per cent completion of Surge education related to zero tolerance, duty to report and reporting incidents of abuse for all staff. The home provided a summary of qualifications titled, “VSS/Criminal Record Check PSW Certificates Registered Staff License to Practice” for agency PSWs. The document identified only four of 31 agency staff who completed the orientation package that included mandatory education requirements related to s. 76 (2).

The DOC verified the home used Staff Relief as the agency for Personal Support Workers. The DOC stated that the role of the home in training new agency staff working at Country Terrace included the agency PSW reviewing the orientation package that included policies and home information. On the first day of hire, the agency PSWs were required to read the orientation manual, sign it and put it in an envelope for the Director of Care. The DOC stated, unfortunately not many agency PSWs handed them in. The home only has record of four of 31 or 13 per cent of the agency PSWs working in the home between November 2018 and October 2019 to have handed back the confirmation of education requirements on their first day of hire. The DOC verified there was no

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

documented evidence that 27 agency PSWs received training before performing their responsibilities. The DOC explained the process for orienting the agency staff to the home included lift training, signing the confidentiality pledge, four moments of hand hygiene, fire prevention, zero tolerance of abuse, code of conduct, and review of the information package.

The DOC stated agency staff were asked to arrive an hour early for their shift if it was the first day of hire. The DOC stated they were now ensuring that the agency package was completed by the agency PSWs before working with and caring for residents. The DOC stated no one was delegated to ensure the orientation package was reviewed and signed as completed before any agency PSW performed their responsibilities. There was no consistent follow up with the agency PSWs to ensure it was completed and handed in.

The "Agency Staff" education materials included the following:

OMNI Healthcare Mission

OMNI Healthcare Vision

2.0 Emergency & Disaster Procedures (Name of Code & Incident) and fire procedure

2.1 Infection Control and proper hand washing

2.2 RN/DOC/Administrator Supervision

2.3 Respect always

2.4 Resident Abuse

2.5 Vaccines

2.6 Smoking

2.7 Gifts

2.8 Dress Code

3.0 Resident's Bill of Rights

4.0 Mandatory 2 person lift policy

5.0 Communication and Listening

Mandatory Two Person Lifts & Two Person Transfers Acknowledgement and Agreement

Confidentiality Statement

4 Moments of Hand Hygiene

Fire prevention and Safety (copy of the Emergency Preparedness Manual Fire Prevention dated October 2013)

Zero of Abuse and Neglect of Residents Policy AM-6.9 effective June 2015

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

OMNI Health Care Code of Conduct

There was no documented evidence to support that the required mandatory training was completed by the 27 agency employees who worked in the home between November 2018 and October 2019.

The employee files were reviewed for the 31 Staff Relief agency PSWs who have provided personal support services as a PSW at Country Terrace. The following documentation was on file for four agency staff:

- The Agency Staff Orientation Package,
- Confidentiality Statement, and
- Lift Training.

The Nursing Administrator (NA) from Staff Relief Health Care Services Incorporated stated that they worked for the agency providing direct recruitment, on-boarding, training and orientation for the registered and non-registered staff contracted to the home. When asked what the agreement was related to the training that was provided to Staff Relief employees who provide services at Country Terrace, the NA stated the agency does have a mandatory orientation upon hire where the employees must review thirteen components of mandatory training. The NA stated that in the past if Staff Relief felt the PSW needed floor orientation, whether an hour or eight hours, Staff Relief would call the home and arrange a date and time to complete that orientation. The NA stated that the mandatory training items provided by Staff Relief to their employees referenced the Long Term Care Homes Act, but was not specific to Country Terrace. When asked if Country Terrace provided Staff Relief with specific policies or orientation materials prior to staff coming into the home, the Nursing Administrator stated they were never provided an orientation package from the home.

The Orientation for New Employees Policy # HR-GE-2.6 effective October 2015 stated the purpose of the policy was "to ensure that all new employees receive a comprehensive orientation to OMNI Health care, to the location of their employment (Home or Home Office) and to their particular position. Such orientation shall be consistent and relevant, and will facilitate the effective and safe performance of their assigned duties in accordance with OMNI policies and applicable legislation." "This policy applies to all employees at OMNI Health Care."

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

There was a telephone meeting with the Chief Operating Officer (COO) and the President / Chief Executive Officer (CEO). The Inspectors, the Inspection Manager and the London Service Area Office (LSAO) Manager were present. The Inspector shared that the home could only account for four of 31 agency staff who have completed the mandatory education prior to providing care to resident and there was no documented evidence that 27 agency PSWs completed the training. The COO stated they would look into this.

The licensee failed to ensure that no staff, including agency staff working in the home pursuant to a contract or agreement, performed their responsibilities before receiving training and orientation.

The severity of this issue was determined to be a level 3 as there was actual risk. The scope of the issue was a level 3. The home had a level 2 history as they had previous noncompliance to a different subsection with this section of the LTCHA. (563)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 47. Qualifications of personal support workers

Order / Ordre :

The licensee must be compliant with O.Reg. 79/10, s. 47 (1), (2), and (3). Specifically, the licensee must:

- a) Ensure and verify that every Personal Support Worker (PSW) on and after January 1, 2016, hired by the licensee as a personal support worker or to provide personal support services has successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider. A copy of this proof is to be kept in the employee's file in the home.
- b) Ensure the "Job Description Personal Support Worker / Health Care Aide / Nurses' Aide" is updated to include the qualifications to provide personal support services that meet the requirements identified in O.Reg. 79/10, s. 47.
- c) Create a quality improvement plan that includes a hiring protocol to ensure that all new staff hired have provided the licensee with qualifications to provide personal support services that meet the requirements identified in O.Reg. 79/10, s. 47.
- d) Ensure that all staff hired as a PSW or to provide personal support services who is a registered nurse or registered practical nurse, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a PSW and has the appropriate current certificate of registration with the college of nurses of Ontario. A copy of proof of this registration is to be kept in the employee's file in the home.
- e) Review and revise the contract with Staff Relief Health Services Inc. and any other employment agency or third party to ensure that PSW staff meet the requirements of O.Reg. 79/10, s. 47 (1), (2), and (3) to work at Country Terrace.

Grounds / Motifs :

1. The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

that met requirements and had provided the licensee with proof of graduation issued by the education provider.

Ontario Regulation (O.Reg.) 79/10 s. 47 (2) states, the personal support worker program must meet the Personal Support Worker (PSW) Program Standard published by the Ministry of Training, Colleges and Universities and must be a minimum of 600 hours in duration, counting both class time and practical experience time.

O.Reg. 79/10 s. 47 (3)(a) states, the licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and who has the appropriate current certificate of registration with the College of Nurses of Ontario.

O.Reg. 79/10 s. 47 (3)(c) states, the licensee may hire a personal support worker or to provide personal support services, a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker.

O.Reg. 79/10 s. 47 (3)(d) states, a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program.

The following staff members working as PSWs at Country Terrace did not meet the legislative requirements for qualifications of personal support workers hired by the licensee to provide personal support services:

a) A PSW was hired and worked as a temporary full time PSW on the night shift had failed the final exam for the PSW program and has not graduated from the program. The PSW stated they have been working at Country Terrace for several months shared that they completed the PSW program but did not pass the final exam, did not graduate and does not have a PSW certification. The PSW verified the practical experience requirement of the PSW program was

Order(s) of the Inspector
Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

completed under the supervision of the registered staff at two different long term care homes as well as the instructor of their PSW program. The PSW shared that there was a Registered Nurse (RN) or Registered Practical Nurse (RPN) overseeing the students and the registered staff would also speak to the instructor regarding the students' progress. The instructor would ask different questions, and then the PSW, RN or RPN would write in the students' notebook that tells the school how they were performing at the home. The PSW verified Country Terrace was not a placement for their practical experience as part of the PSW program. The PSW stated Country Terrace knew they did not have their PSW qualifications, but the home was satisfied because the PSW completed the program and had experience.

b) A PSW was hired and worked part time as a PSW. The PSW completed the program requirements with exception to one clinical placement. The PSW verified that they were a student at a local College, but not graduated from the PSW program. The PSW shared that one class had to be taken again before they could attend their final placement, and stated they were not enrolled to do the placement because of the expense.

c) A PSW was hired and worked part time as a PSW. The PSW had one course and one placement to complete to graduate from the PSW program and stated they still needed to complete one clinical community placement with an expected graduation date of April 2020. The PSW verified they were asked to hand in their enrollment letter upon hire as a PSW and stated the practical experience requirement of the PSW program was completed under the supervision of the registered staff at another long term care home, as well as the instructor of the PSW program. The PSW verified Country Terrace was not a placement for their practical experience as part of the PSW program. The PSW stated Country Terrace were trying to get the PSW enrolled so the PSW did not lose their job and stated they were currently on a part time line for four guaranteed shifts in two weeks.

d) A PSW was hired and worked part time as a PSW. The PSW just entered the PSW program and their Hire and Orientation Check List stated, "proof of enrollment for PSW cert" with confirmed employment as a PSW. The PSW had an expected graduation date in August 2020 by completing the PSW program on the weekends. The Director of Care (DOC) and Nursing Administration

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Services Manager (NASM) stated they participated in the interview and hiring process for PSWs. The Inspector reviewed a PSW's resume where it stated the PSW had unrelated work experience. The DOC was asked if the PSW was qualified to care for residents in long term care as a PSW and the DOC stated the PSW seemed good based on the interview. The NASM stated that according to the regulations, the PSW did not meet the qualification to work as a PSW providing personal support services in long term care.

e) A PSW was hired and worked part time as a PSW. The PSW just entered the PSW program with a start date of September 2019 for the weekend delivery with an expected graduation date in August 2020. The PSW's Hire and Orientation Check List confirmed employment in October 2019 as a PSW. The PSW's resume included unrelated work experience. The Inspector asked the NASM if the PSW was qualified to care for residents in long term care as a PSW, and the NASM replied "no".

f) Three agency PSWs, Staff Relief employees working as a PSW, had their first day at Country Terrace in October 2019. The agency PSWs just entered the "PSW6 – Personal Support Worker" as a full-time student to start in September 2019 with an end date in April 2020.

g) An agency PSW, a Staff Relief employee working as a PSW, had their first day at Country Terrace in May 2019. The agency PSW had a College of Nurses of Ontario (CNO) Initial Nursing Assistant Registration Certificate. The agency PSW resigned their CNO membership in September 2016.

The Country Terrace management staff were asked to provide Inspector(s) with the proof of graduation issued by the education provider for the successful completion of a personal support worker program that meets requirements for home and agency PSWs. The home requested the documentation from Staff Relief Health Care Services Incorporated. The home received the requested records from Staff Relief and created a summary of qualifications titled, "VSS/Criminal Record Check PSW Certificates Registered Staff Licence to Practice". The summary and supporting records of qualifications documented that 11 Staff Relief employees working as PSWs at Country Terrace had completed their nursing registration in either India, the Philippines, Nepal or Manila.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Director of Care (DOC) and Nursing Administration Services Manager (NASM) were asked to explain the employment qualifications for a person hired as a PSW and the NASM stated a PSW certificate or enrolled in a PSW program with proof of enrollment. The NASM and DOC shared it was their understanding that the OMNI "Job Description" for hiring PSWs to work at Country Terrace was the procedure from head office. The NASM and DOC provided Inspectors with a form titled, "Job Description Personal Support Worker / Health Care Aide / Nurses' Aide" that stated the following "Qualifications" related to "Education":

1. Successful completion in an approved PSW program that is a minimum of 600 hours in duration, including both classroom and practical experience, OR
2. Current enrollment in an approved PSW program presently completing the practical experience portion of the training, OR
3. Current enrollment in an educational program for registered nurses or registered practical nurses and adequate skill and knowledge to perform the duties of a PSW."

The Inspector asked what a "current enrollment in an approved Personal Support Worker program presently completing the practical experience portion of the training" meant and the NASM stated the candidate was in the PSW program, approved for the program, have done everything and were in their placement. The PSW candidate was hired on the basis that they were in the PSW program. The DOC stated there was a PSW crisis and the home was desperate. The DOC stated a PSW only needs to have current enrollment in an approved PSW program and presently completing the practical experience portion of the training to work as a PSW at Country Terrace. The Inspector asked if a high school graduate with no long term care experience and was newly enrolled in the PSW program could work as a PSW caring for residents at Country Terrace and both the DOC and the NASM said, "yes".

The Administrator shared that the home had three people they were aware of who were not graduated from the PSW program; two PSWs and another PSW who worked nights who failed the English section of the final exam. Later, the Administrator verified that there were six students currently working as PSWs at Country Terrace. The Administrator shared that one PSW was not currently enrolled in a PSW program, but the home was going to provide the PSW with a bursary so they could finish. The Administrator also confirmed four other PSWs

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

were currently working as PSWs without proof of graduation. Lastly, the Administrator stated another PSW hired to work part time as a PSW was graduated and the home was waiting for their documented proof of graduation.

The OMNI Health Care website advertised for a PSW in Komoka, Ontario in October 2019, and the posting stated, "Current enrollment in an approved PSW program presently completing the practical experience portion of the training."

The DOC shared that the PSW student hire date was their orientation date for the general orientation day and was considered their first day worked and paid. The DOC shared that the home does not have a casual call in line, so every PSW was either part or full time employed. PSW students will work Christmas, weekends or reading week, but were considered on an Educational Leave of Absence (ELOA). The Inspector asked for those employees hired as PSWs and were PSW students if they were working under the supervision of a member of the registered nursing staff and an instructor from the PSW program and the DOC asked if they could be considered an instructor. The DOC verified they did not work at Fanshawe College, Trios or any other educational institution as an instructor for the PSW program.

The "Daily Work Assignments" for one week in September, October and November in 2019 were reviewed and the following five PSWs had not successfully completed a personal support worker program, had no proof of graduation on file and worked as PSWs in the home for multiple shifts over three months.

The following five Registered Nurse (RN) and Registered Practical Nurse (RPN) students were working as PSWs in the home. The staff members' enrollment with a college or university was the record of their qualifications to work as PSWs and the home had no proof of the following staff members qualifications as enrolled in an educational program for registered nurses or registered practical nurses. The DOC could not verify with documented evidence that the five RN and RPN students working in the home as PSWs were enrolled in an educational program for registered nurses or registered practical nurses. The DOC provided the following proof of enrollment as the qualifications for those RN and RPN student staff members working as PSWs in the home. The following enrollment documentation was reviewed for the following five staff

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

members enrolled in an educational program for registered nurses or registered practical nurses:

- PSW was hired in 2019 and provided an unofficial transcript from a college until Spring 2019,
- PSW was hired in 2019 and provided a university "Pre-Placement Requirements Entering Student Clearance Form" (Medical Requirements) dated 2018,
- PSW was hired in 2019 and provided a university "Enrolment Certificate" dated 2017,
- PSW was hired in 2019 and provided a College Passport to Placement dated 2018, and
- PSW was hired in 2017 and provided a university "Enrolment Certificate" dated 2017.

The DOC could not verify with documented evidence that the five RN and RPN students working in the home as PSWs were currently enrolled in an educational program for registered nurses or registered practical nurses to qualify to work as PSWs at Country Terrace.

The Director of Care provided an "Hours Worked" summary that documented the following hours worked over the past three months for three identified PSWs:

- a PSW worked 133.5 hours in September 2019, 164 hours in October 2019 and 61.5 hours in November 2019,
- a PSW worked 147 hours in September 2019, 121 hours in October 2019 and 73 hours in November 2019, and
- a PSW worked 52.5 hours in October 2019 and 54 hours in November 2019.

The "Daily Work Assignments" for one week in September, October and November 2019, documented that eight agency PSWs worked in the home with no documented evidence of successfully completing a personal support worker program.

Inspectors had an exit debrief meeting with the DOC, Administrator and with Director of Operations by telephone. Inspector #610 delivered a high level overview of the areas of concern identified during the inspection; one being PSW qualifications. The Director of Operations responded that they were not going to let these people go, the home would respond accordingly to the licensee report and the people would continue working in the home. The Director

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

of Operations commented that it would be worse to have no staff present to assist residents.

The Nursing Administrator (NA) from Staff Relief Health Care Services Incorporated verified that multiple agency employees were working as PSWs at Country Terrace without proof of graduation from a PSW program stating those employees were nurses from other countries like India. The NA stated the PSW was a former RPN and was resigned from the CNO. As well, the NA verified there were three employees with a start date in the home in October 2019 who just entered the "PSW6 – Personal Support Worker" as a full-time student to start in September 2019 with an end date in April 2020.

There was a telephone meeting with the Chief Operating Officer (COO) and the President / Chief Executive Officer (CEO). The Inspectors, the Inspection Manager and the London Service Area Office (LSAO) Manager were present. The Inspector read the form titled "Job Description Personal Support Worker / Health Care Aide / Nurses' Aide" that stated the following "Qualifications" related to "Education" were "2. Current enrollment in an approved PSW program presently completing the practical experience portion of the training". The COO stated they were aware what the legislation said and knew that the education qualifications did not meet the legislation. The COO stated they were having difficulty getting fully qualified people and acknowledged there were employees of Country terrace without proof of graduation from a PSW program working as PSWs in the home. The COO shared that a body was better than no body. The LSAO Manager asked if the COO and the CEO were clear on regulation 47 (3) and they both acknowledged that they understood the legislation. The CEO stated they had a different interpretation of the legislation related to supervision. The CEO stated the legislation does not state the RN or RPN license needed to be from Ontario and the Inspector clarified that the legislation did state, "a licensee may hire as a personal support worker to provide personal support services a registered nurse or registered practical nurse who has the appropriate current certificate of registration with the College of Nurses of Ontario." The COO stated again they understood what the law was. The CEO stated they would need to look further into the classifications and legislation.

The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider. Multiple agency PSWs did have proof of graduation from a PSW program and were registered nurses in India. One agency PSW had resigned their CNO registration in 2016 and continued to work as a PSW at Country Terrace. Multiple employees were working as PSWs who were either enrolled in a PSW program and not graduated or were no longer enrolled in a PSW program without proof of graduation. Multiple students in the PSW program verified they did not complete the practical experience requirement of the PSW program at Country Terrace.

The severity of this issue was determined to be a level 3 as there was actual risk. The scope of the issue was a level 1. The home had a level 2 history as they had previous noncompliance to a different subsection with this section of the LTCHA. (563)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of December, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Melanie Northey

Service Area Office /

Bureau régional de services : London Service Area Office