

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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 public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 5, 2019	2019_722630_0021	015593-19, 015972-19	Complaint

---

**Licensee/Titulaire de permis**

Ritz Lutheran Villa  
16 Lot Road 164 5# R.R. #5 MITCHELL ON N0K 1N0

---

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

Ritz Lutheran Villa  
4118A Road 164, R.R. #5 MITCHELL ON N0K 1N0

---

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

AMIE GIBBS-WARD (630), CHRISTINA LEGOUFFE (730)

---

**Inspection Summary/Résumé de l'inspection**

---

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

**This inspection was conducted on the following date(s): August 21, 22, 23, 26, 27, 28 and 29, 2019.**

**The following Complaint intakes were completed within this inspection:**

**Complaint Log #015593-19 related to personal support services, medication administration, pain management and end of life care.**

**Complaint Log #015972-19/ IL-69338-LO related to sufficient staffing and staff qualifications.**

**This inspection was completed concurrently with Complaint Inspection #2019\_722630\_0022 at Mitchell Nursing Home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC) Mitchell Nursing Home, the DOC Ritz Lutheran Villa, the Assistant Director of Care (ADOC), the Building Services Director, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), agency PSWs, Care Attendants (CAs) family members and residents.**

**The inspectors also observed resident rooms and common areas, observed medication administration, observed meal and snack service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the written staffing plan of the home, reviewed various meeting minutes and reviewed written records of program evaluations.**

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

**Hospitalization and Change in Condition**

**Medication**

**Pain**

**Personal Support Services**

**Sufficient Staffing**

**Training and Orientation**

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

- 5 WN(s)**
- 5 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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 O.Reg 79/10, s. 31. Nursing and personal support services**

**Specifically failed to comply with the following:**

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

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

### **Findings/Faits saillants :**

The licensee has failed to ensure that the staffing plan required for the organized program of nursing services and program of personal support services under clause 8 (1) (b) of the LTCHA, provided for a staffing mix that was consistent with residents' assessed care and safety needs.

The Ministry of Long-Term Care (MOLTC) received an anonymous complaint which identified concerns that the Personal Support Worker (PSW) staffing in the home in August 2019 did not meet the needs of the residents. The complainant reported some of the staff working on a specific weekend in August 2019 were not familiar with the residents or the home's processes and that some of the PSW staff did not seem to have the required credentials.

During an interview the Director of Care Mitchell Nursing Home (DOC) told Inspector #730 and #630 that Ritz Villa and Mitchell Nursing Home had a combined written staffing plan for personal support services and nursing services and that the home had been

making adjustments to this plan over the past year. The DOC said that the staffing practice in the home included scheduling PSW and Registered Practical Nurse (RPN) staff through three different agencies as needed to help fill vacant PSW and RPN shifts.

The home's written staffing plan and staffing contingency plan, including the home's written procedure titled "Scheduling Guideline: Building Posted Schedules and Offering Call-In Reviewed June 14 2018", were reviewed by Inspector #630 and #730. The written procedures showed that shifts were filled using staff who were employed by the home and then if the shift could not be filled step 10 was "enlist the services of an employment agency." The inspectors also review the August 2019 "Daily Staffing Report" which documented the staffing levels in the home and the use of agency PSW and RPN staff.

During an interview, the Administrator told Inspector #630 and #730 that the home was having challenges employing enough PSW staff despite extensive efforts and incentives to hire and train new staff. The Administrator said there was a region wide shortage of PSWs that was affecting Ritz Villa and Mitchell Nursing Home. The Administrator said the home was making on-going adjustments to the written staffing plan and this was evaluated on an on-going basis through the Quality Improvement (QI) program in the home. The Administrator said the home did use agency staff as part of the staffing contingency plan and they had recently started using a new agency services.

During separate interviews two identified residents told Inspector #630 that they required specific assistance from staff with care and they would ring their bell to notify the staff when they needed assistance. When asked if the staff responded in a timely way if they rang for assistance, the residents said sometimes they had to wait for staff to respond. The plan of care for these residents showed they required specific types of assistance from staff with care and they would use the callbell to call for assistance. The "Callbell Detailed Activity Report by Location" for a specific time frame for these residents showed the response time was 15 minutes or more on three occasions for one resident and on two occasions for the other resident.

During interviews with multiple staff they reported concerns with the care provided to residents in the home in August. The staff reported concerns that PSW and RPN staff working through an agency did not seem to know their responsibilities or how to do their jobs and it affected the care provided to the residents. They said for example the staff were not using the lifts properly, not dressing residents properly or changing them before putting them into bed. One staff member said there were shifts in August when there

was a higher proportion of staff working through an agency compared to regular nursing staff from the home.

During an interview an agency PSW they told Inspector #730 that they felt the training and education provided to the agency staff prior to them working in the home in August did not adequately prepare the staff to provide safe and timely care to the residents. The PSW said they needed the home to provide them with more information and felt that the home was not giving them enough support then it made it difficult to know what to do for the residents.

During interviews with the DOC Ritz Villa, the DOC Mitchell Nursing Home and the Assistant Director of Care (ADOC) they told Inspector #630 and #730 that they worked together as the nursing and personal support leadership for both homes. They said the home was working to update the written staffing plan and contingency plan. They said they were having a lot of staff call-ins and having difficulties replacing the shifts. The ADOC said that shifts would be filled by agency staff if none of their staff accepted the shifts and if there were agency staff scheduled they would try to ensure that the resident assignments created a mix of PSWs from the home and agency staff in each area. They said the management in the home received numerous complaints regarding the care provided by staff working through a new agency on a specific weekend. They said that the concerns were that the PSWs were not all certified, that the staff did not provide care to a resident when requested, concerns with their ability to use the lifts and that they were slow in the care they provided. They said they contacted the agency that week regarding the concerns and then changed the process for orientation, scheduling and assignments for the agency staff. When asked if they had identified concerns with the credentials of any PSW staff who have worked in the home in August through the agency, DOC Mitchell Nursing Home said they had concerns and the home had not yet received credentials for all the agency PSW staff who had worked in August. When asked if the staffing mix in the home for a specific time period, met the care and safety needs of the residents on those shifts, they said that looking back they would have put different agency staff members in place and only had one new person from an agency in place.

Based on these interviews and record reviews, the licensee failed to ensure that the staffing plan required for the organized program of nursing services and program of personal support services under clause 8 (1)(b) of the LTCHA, provided for a staffing mix that was consistent with residents' assessed care and safety needs consistently in August 2019. [s. 31. (3) (a)] (630)

***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 the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation, to be implemented voluntarily.***

---

**WN #2: 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 or 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 the requirements and had provided the licensee with proof of graduation issued by the education provider or met the requirements set out in O Reg. 79/10 s 47 (3).

O Reg. 79/10 s 47 (3) (a) states "despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services, a registered nurse or registered practical nurse, (i) 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 (ii) who has the appropriate current certificate of registration with the College of Nurses of Ontario."

O Reg. 79/10 s 47 (3) (c) "despite subsection (1), a licensee may hire as 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) (f) "despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services, a person who is enrolled in a

program that is a minimum of 600 hours in duration, counting both class time and practical experience time, and meets, (i) the vocational standards established by the Ministry of Training, Colleges and Universities, (ii) the standards established by the National Association of Career Colleges, or (iii) the standards established by the Ontario Community Support Association, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program."

Section 2 (1) of the Long Term Care Homes Act, 2007 defines staff in relation to a long term care home, as "persons who work at the home, as employees of the licensee, pursuant to a contract or agreement with the licensee, or pursuant to a contract or agreement between the licensee and an employment agency or other third party."

The Ministry of Long-Term Care (MOLTC) received an anonymous complaint which identified concerns that some of the Personal Support Worker (PSW) staff who were working in the home through the an agency did not seem to have the required credentials.

During the inspection the DOC Mitchel Nursing Home provided Inspectors #630 and #730 the agency staff employee personal files and the August 2019 "Daily Staff Reporting" schedule. These documents showed that 11 PSW staff working through a specific agency worked one or more PSW shifts after their orientation in the home in August 2019. The management of the home did not have the required documents for five of the 11 (45.5 per cent) agency PSW staff to show they had the required credentials to work in the home as a PSW.

During an interview the DOC Ritz Villa, DOC Mitchell Nursing Home and Assistant Director of Care (ADOC) told Inspector #630 and #730 that they worked together as the nursing and personal support leadership for both homes. They said they contacted the agency management regarding concerns about the credentials of their staff and requested proof of the credentials. The DOC Mitchell Nursing Home said despite requesting it from the agency the home still had not received credentials for all the PSW staff who had worked in August. When asked about the expectations for the credentials of PSW staff working in the home through an agency, the DOC Ritz Villa said they were identical to PSWs hired by the home. They said the staff needed to have a PSW certificate or if they were an internationally trained nurse they must be enrolled in school for nursing or PSW program in Ontario. They said that was the expectation they had communicated to the agency prior to the staff working in the home.



The licensee has failed to ensure that every person hired by the licensee as a personal support worker or to provide personal support services had the required credentials to work as a PSW in long-term care. [s. 47.] (630)

***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 every person hired by the licensee as a personal support worker or to provide personal support services has successfully completed a personal support worker program that meets the requirements and provides the licensee with proof of graduation issued by the education provider or meets the requirements set out in O Reg 79/10 s 47 (3), to be implemented voluntarily.***

---

**WN #3: 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 has failed to ensure that no staff at the home performed their responsibilities before the received the required training.

The Ministry of Long-Term Care (MOLTC) received an anonymous complaint which identified concerns that the Personal Support Worker (PSW) staffing in the home in August 2019 did not meet the needs of the residents. The complainant reported some of the staff working that weekend were not familiar with the residents or the home's processes and that some of the PSW staff did not seem to have the required credentials.

During interviews with agency PSWs they stated that they received a four-hour orientation when they started in the home. They stated that they attended their training shift on a Thursday and then started working in the home the following Saturday. They stated that they had not received any training on the home's policy to promote zero tolerance of abuse and neglect of residents. They stated that all of their training was completed in person, in the home, and that none of the training was completed on the

computer prior to working in the home.

In an interview with a staff member they stated that the home's PSW staff had brought forward concerns to them regarding the care provided by agency staff. They said that the agency staff, in their opinion, were not trained. They stated that they were not oriented to the home by staff of the home, but by a supervisor from their agency who was oriented by one of the home's regular staff.

In an interview the Administrator stated that the home used three different agencies for PSW staff and that the home provided agency staff with four hours of on the floor training. They stated that the home's practice was to send the agencies their Surge Learning training materials and ask the agency to make sure that all staff completed the Surge Learning training prior to starting in the home. They stated that the agency was responsible for training, as it was written in their contract, and it was not the home's responsibility to make sure agency staff had done the training.

In an interview with DOC Ritz Villa, DOC Mitchell Nursing Home and ADOC they stated that agency PSWs started working at the beginning of August 2019. They stated that the first training with the agency staff was a four-hour training. They stated that their understanding from the agency management was that the PSWs only needed the home orientation, but they later found out that was not enough. They stated that after they discovered concerns with the care provided by the agency staff they implemented more one on one orientation. DOC Mitchell Nursing Home stated that agency staff received training on the home's prevention of abuse and neglect policy, as it was in their orientation package that the management had provided electronically to the agency management. They said there was one account for all of the agency staff on Surge Learning and they took the agency's word that the agency staff had completed the modules, as it was part of their contract with the agency.

A review of email communication between the Ritz Villa Management and the agency management which had been provided to Inspectors #630 and #730 showed that the Surge Learning profile was set up for agency staff on a specific date. There were no other email communication or other record of the off-site training provided to the Apollo staff provided to the inspectors. The home also had no written record of the details of the onsite orientation that had been provided to the agency staff.

Despite multiple attempts, Inspectors #630 was unable to reach the agency management to conduct interviews regarding the training and orientation of the staff.

The licensee has failed to ensure that all staff received the required training before performing their responsibilities in the home. [s. 76. (2)] (730)

***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 no staff at the home perform their responsibilities before they receiving training on: 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, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

**Specifically failed to comply with the following:**

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that medications were administered to residents in accordance with the directions for use specified by the prescriber.

A) The Ministry of Long-Term Care (MOLTC) received a complaint related medication errors made in the home by registered nursing staff working through an agency.

In an interview with an identified resident, they told Inspector #730 that they had some concerns with a specific staff member regarding medication administration.

A review of the progress notes for this resident showed a “Nurse to Physician Communication Note” related to a missed medication. A review of the Medication Admin Audit Report for this resident showed an order for this specific medication and the times it was documented as administered.

During an interview the DOC Ritz Villa reported to Inspector #730 that there had been concerns identified to management in the home regarding the administration of a specific medication to this resident by a specific staff member. The DOC provided a medication incident report which documented a missed dose of a specific medication on a specific date.

B) During an interview a registered nursing staff member stated that an identified staff member was involved in another medication incident related to another identified resident.

A review of the resident’s clinical record showed a physician’s order for a specific medication. The progress notes for this resident included documentation on a specific date related to the administration of this medication. A medication incident report for a specific date documented a medication incident for this resident which stated that the medication administration had not being signed off at appropriate times.

In an interview with the ADOC they stated that a specific staff member did not provide care for this resident as per the physician’s orders.

In an interview with the DOC Ritz Villa, DOC Mitchell Nursing Home and ADOC, they stated that they were aware of the concerns regarding this staff member’s medication administration. They stated that after these incidents they contacted the agency and stated that this staff could not return to the home.

The licensee has failed to ensure that medication was administered to these two identified residents, in accordance with the directions for use specified by the prescriber. [s. 131. (2)] (730)

***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 medications are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.***

---

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 215. Police record check**

**Specifically failed to comply with the following:**

**s. 215. (1) This section applies where a police record check is required before a licensee hires a staff member or accepts a volunteer as set out in subsection 75 (2) of the Act. O. Reg. 451/18, s. 3 (1).**

**Findings/Faits saillants :**

The licensee has failed to ensure that where a police record check was required before a licensee hired a staff member, the police record check was conducted within six months before the staff member was hired.

In accordance with LTCHA, 2007 s. 74 (2) "agency staff means staff who work at the long-term care home pursuant to a contract between the licensee and an employment agency or other third party."

In accordance with LTCHA, 2007 s. 75 (3) "for the purposes of subsection 75 (1), a staff member who is agency staff, as that term is defined in subsection 74 (2), is considered to be hired when he or she first works at the home."

During an interview with the Administrator they stated that the home used three different agencies for PSW and/or RPN staff and that through the contract with the agencies they ensured that agency staff had a criminal record check completed.

During an interview the DOC Mitchell Nursing Home stated agency staff started working through a specific agency started working in the home at the start of August 2019. They said that they would accept agency staff if they had a police check on file with the agency but would then tell the agency that the home wanted an updated one for their file. They said some of the police checks for the agency staff were outside of the six month window, based on when they started with the agency, and acknowledged that there were some staff that had been missed.

The home provided inspectors with the police record checks for the agency staff as well as the August 2019 "Daily Staffing Report" which documented the staffing in the home. A review of these police checks and schedule showed 10 out of 11 (90.9 per cent) of the PSWs who worked through this agency in the home in August 2019 did not have a police record check within the time frame required by the legislation.

The licensee has failed to ensure that a police record check was conducted within six months before these PSW and RPN staff were hired. [s. 215. (1)] (630)

***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 where a police record check is required before a licensee hires a staff member, the police record check is conducted within six months before the staff member is hired, to be implemented voluntarily.***

---

**Issued on this 13th day of September, 2019**

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

**Original report signed by the inspector.**