

The Corporation of the City of Kawartha Lakes

Agenda

Victoria Manor Committee of Management Meeting

VMC2019-05

Monday, July 15, 2019

9:30 A.M.

Victoria Manor Boardroom

Victoria Manor, Second Floor

220 Angeline Street South, Lindsay, Ontario

Members:

Deputy Mayor Doug Elmslie

Councillor Patrick O'Reilly

Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1.	Call to Order	
2.	Adoption of Agenda	
3.	Disclosures of Pecuniary Interest	
4.	Deputations and Presentations	
5.	Approval of the Minutes of the Previous Meeting	4 - 8
6.	Business Arising from Previous Meetings	
7.	Correspondence	
7.1	Memorandum - Ministry of Health and Long Term Care Complaint Inspection	9 - 17
7.2	Memorandum - Ministry of Health and Long Term Care Critical Incident Inspection	18 - 24
8.	Reports	
8.1	Victoria Manor Operations Report to Committee of Management, June 2019	25 - 31
9.	Closed Session	
9.1	Closed Minutes, Victoria Manor Committee of Management, June 17, 2019, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2	Victoria Manor Confidential Operations Report to Committee of Management, June 2019, Municipal Act, 2001 s.239(2)(b)(d)(e)	
9.3	Report VMC2019-06 2018 Performance, Municipal Act, 2001 s.239(2)(g)	
10.	Matters from Closed Session	
11.	Other New Business	
12.	Next Meeting	
	September 16, 2019, Victoria Manor Boardroom, commencing at 1:00 p.m.	

13. Adjournment

The Corporation of the City of Kawartha Lakes
Minutes
Victoria Manor Committee of Management Meeting

VMC2019-04
Monday, June 17, 2019
1:30 P.M.
Victoria Manor Boardroom
Victoria Manor, Second Floor
220 Angeline Street South, Lindsay, Ontario

Members:
Deputy Mayor Doug Elmslie
Councillor Patrick O'Reilly
Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. Call to Order

Deputy Mayor Elmslie called the meeting to order at 1:30 p.m. Councillors P. O'Reilly and K. Seymour-Fagan were in attendance.

Executive Director Pamela Kulas, Director Rod Sutherland, Executive Assistant Holly Russett and Sienna Senior Living VP Operations and Long Term Care Sanja Freeborn were also in attendance.

2. Adoption of Agenda

VMCM2019-030

Moved By Councillor Seymour-Fagan

Seconded By Councillor O'Reilly

That the agenda be adopted as circulated.

Carried

3. Disclosures of Pecuniary Interest

There were no declarations of pecuniary interest disclosed.

4. Deputations and Presentations

4.1 Nursing Update - Jen Vanderburg

VMCM2019-031

Moved By Councillor O'Reilly

Seconded By Councillor Seymour-Fagan

That the presentation by Jen Vanderburg, regarding Nursing Update, be received.

Carried

4.2 MOH Funding Change Overview - Sienna Finance Department

VMCM2019-032

Moved By Councillor O'Reilly

Seconded By Councillor Seymour-Fagan

That the presentation by Rachael Lee, Director Operations Finance Sienna Senior Living, regarding MOH Funding Change Overview, be received.

Carried

5. Approval of the Minutes of the Previous Meeting

VMCM2019-033

Moved By Councillor Seymour-Fagan

Seconded By Councillor O'Reilly

That the minutes of the Victoria Manor Committee of Management meeting held on March 18, 2019, be adopted as circulated.

Carried

6. Business Arising from Previous Meetings

None

7. Correspondence

None

8. Reports

8.1 Victoria Manor Operations Report to Committee of Management, March 2019

VMCM209-034

Moved By Councillor O'Reilly

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Operations Report to Committee of Management, March 2019, provided by Sienna Senior Living, be received for information.

Carried

8.2 Victoria Manor Operations Report to Committee of Management, April 2019

VMCM2019-35

Moved By Councillor Seymour-Fagan

Seconded By Councillor O'Reilly

That the Victoria Manor Operations Report to Committee of Management, April 2019, provided by Sienna Senior Living, be received for information.

Carried

8.3 Victoria Manor Operations Report to Committee of Management, May 2019

VMCM2019-036

Moved By Councillor O'Reilly

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Operations Report to Committee of Management, May 2019, provided by Sienna Senior Living, be received for information, and;

That the Family Council President be invited to attend a Committee meeting.

Carried

8.4 Report VMC2019-04 Annual Case Mix Index Results 2018-19

VMCM2019-037

Moved By Councillor O'Reilly

Seconded By Councillor Seymour-Fagan

That Report VMC2019-04, "Annual Case Mix Index Results 2018-19", be received.

Carried

8.5 Report VMC2019-05 2019 Funding Changes

VMCM2019-038

Moved By Councillor Seymour-Fagan

Seconded By Councillor O'Reilly

That Report VMC2019-05, "2019 Funding Changes", be received.

Carried

9. **Closed Session**

VMCM2019-039

Moved By Councillor O'Reilly

Seconded By Councillor Seymour-Fagan

That the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, June 17, 2019 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2)(b)(d)(e)(g) of the Municipal Act, S.O. 2001. S.25

Carried

10. Matters from Closed Session

None

11. Other New Business

None

12. Next Meeting

July 15, 2019, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. Adjournment

VMCM2019-045

Moved By Councillor Seymour-Fagan

Seconded By Councillor O'Reilly

That the Victoria Manor Committee of Management Meeting adjourn at 2:43 p.m.

Carried



The Corporation of The City Of Kawartha Lakes

Human Services Department Memorandum

To: Victoria Manor Committee of Management
From: Pamela Kulas, Executive Director
Date: July 15, 2019
RE: Ministry of Health and Long Term Care Complaint Inspection

A Ministry of Health Complaint Inspection was conducted on May 27 to May 31, 2019. During the inspection the following inspection protocols were used: Nutrition and Hydration; Pain; Personal Support Services; Sufficient Staffing.

During the course of the inspection the home received 2 Written Notices and 1 Voluntary Plans of Correction.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

To summarize findings:

1. **At least one registered nurse who is both an employee and a member of the regular nursing staff of the home is on duty and present in the home at all times.**

Human Services Department
PO Box 2600, 322 Kent Street West, Lindsay, ON K9V 4S7
Tel: (705) 324-9870 fax: (705) 328-2875
website: www.kawarthalakes.ca

- a. Corrective Actions
 - i. Recruitment of an Associate Director of Care RN has been completed
 - ii. Utilization of a nursing agency to provide consistent staffing
 - iii. Ongoing recruitment efforts including job fairs, job postings, coordination with local universities
- 2. **Care set out in the plan of care needs to be provided to the resident as specified in the care plan:**
 - a. Corrective Actions
 - i. Process in place to ensure care plans are reviewed and updated
 - ii. Staff received education on the importance of following care plans
 - iii. Staff are required to sign a tracking sheet confirming the review of a care plan once updated
 - iv. Auditing of care plans in place



MOHLTC Complaint
Inspection June 2019.i

Human Services Department
PO Box 2600, 322 Kent Street West, Lindsay, ON K9V 4S7
Tel: (705) 324-9870 fax: (705) 328-2875
website: www.kawarthalakes.ca



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des Soins
de longue durée**

**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**

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
Facsimile: (905) 433-3008

Bureau régional de services du
Centre-Est
419 rue King Ouest bureau 303
OSHAWA ON L1J 2K5
Téléphone: (905) 433-3013
Télécopieur: (905) 433-3008

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 17, 2019	2019_730593_0016	008179-18, 011377- 18, 028352-18, 007082-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of Kawartha Lakes
26 Francis Street P.O. Box 9000 LINDSAY ON K9V 5R8

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

Victoria Manor Home for the Aged
220 Angeline Street South LINDSAY ON K9V 4R2

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

GILLIAN CHAMBERLIN (593), ANANDRAJ NATARAJAN (573)

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): May 27 - 31, 2019.

The following complaint intakes were inspected:

Log #008179-18 related to staffing of registered nurses.

Log #011377-18 related to concerns regarding assistance with meals.

Log #028352-18 related to misuse of MOHLTC funding.

Log #007082-19 related to allegations of neglect toward a resident.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nursing Staff, Dietary Staff, Personal Support Workers (PSW) and residents.

The Inspector(s) observed the provision of care and services to residents, staff to resident interactions, resident to resident interactions, residents' environment, reviewed resident health care records, staffing schedules and licensee policies and procedures.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Pain

Personal Support Services

Sufficient Staffing

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

In this section "regular nursing staff" means a member of the registered nursing staff who works in a long-term care home at fixed or prearranged intervals.

Victoria Manor Home for the Aged has a licensed bed capacity of 166 beds.

Inspector #573 reviewed the registered nursing schedule report for April 2018, in the presence of the Director of Care (DOC). It was determined that on April 19, 2018 (2300 hours to 0700 hours) night shift did not have a regular Registered Nurse (RN) on duty and present in the home.

During a review of the registered nursing schedule report from March 01, 2019 to May 28, 2019 it was determined that on April 20, 2019 (1500 hours to 2300 hours) evening shifts, and on May 02, 2019 (2300 hours to 0700 hours) night shift, did not have a RN on duty and present in the home.

The DOC confirmed that there was no RN on duty and present in the home on April 20, 2019 (1500 hours to 2300 hours) evening shift and on May 02, 2019, (2300 hours to 0500 hours) night shift. In discussion with the DOC, they indicated that the regularly scheduled registered nurses had unexpected leaves of absence on the above identified dates, which impacted upon the home's ability to provide at least one registered nurse on duty and present at all times. (log #008179-18) [s. 8. (3)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care for resident #007 was provided to the resident as specified in the plan.

A complaint was submitted to the Ministry of Health and Long-Term Care (MOHLTC), regarding dietary and feeding assistance concerns for residents residing in a specific home area.

A review of resident #004's documented plan of care and dietary kardex found specific dietary requirements for meals and snacks. It also documented that entree is not to be removed until meal service has been completed even if resident #004 is refusing meal.

Inspector #593 observed several meal and snack services provided to residents in a specific home area.

During the breakfast meal service May 30, 2019, Inspector #593 observed resident #004 in the dining room. The resident was not provided with fluids, specifically documented in their plan of care. A meal was provided to resident #004 at 0913 hours, assistance was provided on and off during the meal service by PSW #121 until they left the dining room at 0930 hours. PSW #121 communicated to PSW #122 that resident #004 required further assistance. At 0937 hours, PSW #122 assisted resident #004 out of the dining room. No further food was offered to the resident, approximately 50% of the meal remained.

During the nourishment/snack service May 30, 2019, Inspector #593 observed PSW #121 provide a specific beverage to resident #004. Foods and fluids were not provided to the resident as documented in the plan of care.

During an interview with Inspector #593 May 30, 2019, PSW #121 indicated that they were the primary PSW for resident #004 on day shift and that there were no special food or fluid requests/requirements for resident #004. PSW #121 further said that resident #004 needed extra time to finish their meal and that they were one of the residents

served first as they needed to the meal in front of them for up to an hour, to be finished. PSW #121 said that for the 1030 hours nourishment pass, the resident should be provided a drink and a specific snack.

As such, resident #004 was not provided care as per the plan of care regarding food and fluid dietary requirements. (log #011377-18) [s. 6. (7)]

2. The licensee has failed to ensure that the care for resident #007 was provided to the resident as specified in the plan.

Inspector #593 observed several meal and snack services provided to residents in a specific home area.

During the breakfast meal service May 30, 2019, at 0838 hours, Inspector #593 observed PSW #121 porter resident #004 to the dining room. The resident was leaning to the right of the chair and appeared to be sliding forward and out of the chair. Resident #004 remained in this position until 0906 hours when PSW #121 was observed to reposition the resident.

A review of resident #004's plan of care, found the following:

- I require staff to check hourly while in chair and reposition me when required.

During an interview with Inspector #593 May 30, 2019, PSW #121 indicated that they reposition the resident when they are being toileted which is generally 0730 hours, 0930 hours, 1130 hours and just after lunch.

As such, resident #004 was not provided care as per the plan of care regarding repositioning. (log #011377-18) [s. 6. (7)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**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***

Issued on this 17th day of June, 2019

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

Original report signed by the inspector.



The Corporation of The City Of Kawartha Lakes

Human Services Department Memorandum

To: Victoria Manor Committee of Management
From: Pamela Kulas, Executive Director
Date: July 15, 2019
RE: Ministry of Health and Long Term Care Critical Incident Inspection

A Ministry of Health Complaint Inspection was conducted on May 17 to May 31, 2019. During the inspection the following inspection protocols were used: Falls Prevention; Infection Prevention and Control; Prevention of Abuse, Neglect and Retaliation, Responsive Behaviours.

During the course of the inspection the home received 1 Written Notice and 1 Voluntary Plans of Correction.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

To summarize findings:

1. **Care set out in the plan of care needs to be provided to the resident as specified in the care plan:**
 - a. Corrective Actions

Human Services Department
PO Box 2600, 322 Kent Street West, Lindsay, ON K9V 4S7
Tel: (705) 324-9870 fax: (705) 328-2875
website: www.kawarthalakes.ca

- i. Process in place to ensure care plans are reviewed and updated
- ii. Staff received education on the importance of following care plans
- iii. Staff are required to sign a tracking sheet confirming the review of a care plan once updated
- iv. Auditing of care plans in place



MOHLTC Critical
Incident Inspection Jur

Human Services Department
PO Box 2600, 322 Kent Street West, Lindsay, ON K9V 4S7
Tel: (705) 324-9870 fax: (705) 328-2875
website: www.kawarthalakes.ca



**Ministry of Health and
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**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

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

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
Facsimile: (905) 433-3008

Bureau régional de services du
Centre-Est
419 rue King Ouest bureau 303
OSHAWA ON L1J 2K5
Téléphone: (905) 433-3013
Télécopieur: (905) 433-3008

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 17, 2019	2019_730593_0017	006769-18, 006827-18, 015214-18, 027221-18, 033715-18, 000383-19, 003279-19, 008483-19	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the City of Kawartha Lakes
26 Francis Street P.O. Box 9000 LINDSAY ON K9V 5R8

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

Victoria Manor Home for the Aged
220 Angeline Street South LINDSAY ON K9V 4R2

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

GILLIAN CHAMBERLIN (593), MARK MCGILL (733), SUSAN LUI (178)

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): May 17 - 31, 2019.

The following Critical Incident's (CIS) were inspected:

Log #006769-18 (CIS M589-000010-18) related to a fall resulting in hospitalization and a change in condition.

Log #006827-18 (CIS M589-000008-18) related to ARI outbreak declared by public health.

Log #015214-18 (CIS M589-000017-18) related to resident to resident alleged physical abuse.

Log #027221-18 (CIS M589-000003-19) related to resident to resident alleged physical abuse.

Log #033715-18 (CIS M589-000037-18) related to resident to resident alleged physical abuse.

Log #000383-19 (CIS M589-000003-19) related to resident to resident alleged physical abuse.

Log #003279-19 (CIS M589-000007-19) related to a fall resulting in hospitalization and a change in condition.

Log #008483-19 (CIS M589-000011-19) related to a fall resulting in hospitalization and a change in condition.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Physiotherapist (PT), Registered Nursing Staff, Dietary Staff, Personal Support Workers (PSW) and residents.

The Inspector(s) observed the provision of care and services to residents, staff to resident interactions, resident to resident interactions, residents' environment, reviewed resident health care records and licensee policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care for resident #007 was provided to the resident as specified in the plan.

A critical incident report (CIS) was submitted to the Ministry of Health and Long-Term Care (MOHLTC), reporting the fall of resident #007 resulting in hospitalization and a significant injury. It was reported in the CIS that PSW #113 was assisting resident #007 during morning care, PSW #113 left resident #007 to get the residents mobility aid, resident #007 fell backwards and landed on their buttocks.

A review of resident #007's documented plan of care found the following:

- Admission physiotherapy assessment: ambulation support status- two person assist.
- Progress note one- staff was assisting resident back from washroom during am care. Resident walking well with mobility aid and when staff member went to get the other mobility aid for resident to use, resident fell backwards to buttocks.
- Progress note dated two- resident has bruising and swelling on a specific area related to the fall from the previous day. Resident transferred to hospital.
- Progress note dated three- resident returned from hospital with the diagnosis of a significant injury.

During an interview with Inspector #593, May 29, 2019, PSW #113 indicated that they were providing resident #007's morning care, they had the resident out of bed, who ambulated with a mobility aid to the washroom and back. PSW #113 said that resident #007 indicated they would prefer to have their other mobility aid and so left them while they retrieved the other mobility aid, resident #007 fell backwards and landed on their buttocks. PSW #113 indicated that they usually used two persons for care and that one would stay with the resident, they thought that this had been changed to one person however when they checked the plan of care realized that the resident was still two



person assist. PSW #113 further added that the assist logo posted at the resident's bedside indicated two persons.

During an interview with Inspector #593, May 29, 2019, PT #120 indicated that PSW #113 should not have left resident #007 as their ambulation was two person assist and their primary mode of transport was with a specific mobility aid. The PSW was ambulating with the resident and this should have been two persons, as this was more than a transfer.

Resident #007 was assisted by one person whilst ambulating with their mobility aid, when the PSW stepped away from the resident, they fell and sustained a significant injury fracture. As such, the care related to ambulation assistance for resident #007 was not provided to the resident as specified in the plan. (log #003279-19) [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

Issued on this 17th day of June, 2019

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

Original report signed by the inspector.



June 2019 Victoria Manor Operations Report to Committee of Management

Submission Date: July 15, 2019

Information for the Month of: June 2019

Financials

Table 1: Victoria Manor Executive Summary Statement of Earnings for May 2019

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Resident Days	24,223	24,690	(467)
Occupancy %	96.6%	98.5%	(1.9%)
Nursing Envelope Funds	2,807,774	2,841,984	(34,209)
Nursing Expenses	3,188,385	3,338,740	150,355
Net Nursing Envelope	(380,610)	(496,756)	116,146
Program Envelope Funds	303,490	306,476	2,986
Program Expenses	288,779	312,918	24,139
Net Program Envelope	14,710	6,442	21,153
Food Envelope Funds	239,130	239,130	-
Food Expenses	235,866	239,130	3,264
Net Food Envelope	3,264	-	3,264
Accommodation Revenue	1,666,058	1,656,552	9,506
Accommodation Expenses			
Dietary Expenses	478,656	486,763	8,107
Housekeeping Expenses	224,131	210,998	(13,134)
Laundry Expenses	88,161	108,201	20,040
Maintenance Expenses	224,883	221,016	(3,867)
Administration Expenses	185,043	243,998	58,955

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Facility Expenses	423,403	417,541	(5,862)
Accommodation Expenses	1,624,278	1,688,516	64,239
Other Accommodation - NOI	41,781	31,965	73,745
Over/Under Adjustment	365,900	503,199	137,299
Net Operating Income	324,119	535,163	211,044
Capital Reserve	105,529	133,805	28,276
Net Income (Loss)	429,648	668,968	239,320

Variance Explanations

Nursing Revenue: Year-to-Date (YTD) is unfavorable (\$34K) mainly due to lower Level of Care funding (\$8K), lower hi-intensity claims (\$44K), and lower BSO funding (\$30K); offset by higher RN FTE funding (\$44K) and higher falls prevention funding (\$3K).

Nursing Expenses – Direct: YTD are favorable (\$24K) due to lower RN wages (\$121K), lower BSO wages (\$65K), lower MDS RAI wages (\$11K); offset by higher RPN wages (\$6K), higher PSW wages (\$73K), higher RN FTE wages (\$37K), higher agency wages (\$43K), and higher benefits (\$13K).

Nursing Expenses – Administration: YTD are favorable (\$127K) mainly due to lower wages (\$31K), lower computer expenses (\$4K), lower high intensity costs (\$44K), lower equipment expenses (\$1K), lower medical supplies (\$54K), lower recovered costs (\$8K); offset by higher IT allocations (\$8K), higher equipment expenses (\$2K), higher incontinence supplies (\$3K), higher falls prevention equipment expenses (\$3K).

Program Revenue: YTD Program revenue is is unfavorable (\$2K) mainly due to lower Level of Care funding (\$2K).

Program Expenses: YTD Program expenses are favorable (\$24K) mainly due to lower wages (\$10K), lower benefits (\$4K), lower physio and exercise (\$2K), lower purchased services (\$2K), and lower supplies (\$7K).

Food Revenue: YTD Food revenue is in line with budget.

Food Expenses: YTD Food expense are favorable (\$3K).

Accommodation Revenue: YTD is favorable (\$10K) mainly due to higher basic accommodation (\$6K), higher preferred revenue (\$31K), higher prior period LTC reconciliation (\$6K), higher other income from haircare services (\$1K); offset by lower accreditation funding (\$9K), lower miscellaneous income (\$19K), and lower pharmacy-LTC (\$6K),

Dietary Expenses: YTD Dietary expenses are favorable (\$8K) mainly due to lower wages (\$7K), lower equipment expenses (\$6K), lower chemical and cleaning supplies (\$1K), lower dishes cutlery and utensils (\$1K), lower supplies; offset by higher benefits (\$8K).

Housekeeping Expenses: YTD Housekeeping expenses are unfavorable (\$13K) mainly due to higher wages (\$9K), higher benefits (\$2K), higher supplies (\$4K); offset by lower chemical and cleaning supplies (\$3K).

Laundry Expenses: YTD Laundry expenses are favorable (\$20K) mainly due to lower wages (\$6K), lower benefits (\$5K), lower equipment expenses (\$8K) and lower bedding and linen (\$2K).

Maintenance Expenses: YTD Maintenance expenses are unfavorable (\$4K) mainly due to higher wages (\$7K), higher equipment expenses (\$10K), higher fire system (\$3K), higher landscaping and snow removal (\$12K), higher contracted services (\$5K), higher painting and decorating supplies (\$1K), higher other supplies (\$1K); offset by lower benefits (\$2K), lower building repair (\$4K), lower alarm (\$2K), lower electrical (\$1K), lower elevator expenses (\$3K), lower generator (\$4K), lower heating and air conditioning (\$9K), lower lighting (\$1K), lower pest control (\$2K), lower plumbing (\$6K), lower grease trap (\$1K), and lower staff costs (\$1K).

Administration Expenses: YTD Administration expenses are favorable (\$59K) due to lower accreditation expenses (\$4K), lower bad debt expense (\$6K), lower computer expense (\$5K), lower office equipment (\$10K), lower professional fees (\$33K), lower collection cost (\$1K), lower promotion expenses (\$1K), lower purchased services (\$6K), lower supplies (\$3K); offset by higher wages (\$5K), higher benefits (\$5K), and higher association fees (\$1K).

Facility Expenses: YTD Facility expenses are unfavorable (\$6K) mainly due to higher hydro (\$19K); offset by lower cable (\$1K), lower management fees (\$5K), lower water (\$3K) and lower gas (\$4K).

Table 2: Year to Date Capital Expenses: June 2019

Capital Expense	Year-to-Date Expenses	Approved 2019 Budget
Dietary Freezer	Awaiting invoice	\$13,500
Roof Top HVAC Unit for 2nd Floor Offices	\$17,000	\$18,000

Capital Expense	Year-to-Date Expenses	Approved 2019 Budget
Hi-Low Electric Beds	\$9,000	\$9,600
Laundry Carts	On hold	\$10,000
Resident Room Furniture	Awaiting invoice	\$22,000
Interior Finishes		\$25,000
Resident Bathroom Cabinets	On hold	\$20,376
Hot Holding Cabinet	Ordered	\$15,000
Flooring		\$18,000
Totals		\$151,476

Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 4 (January 2019 to March 2019) results.

Indicator	2018 Q4 Current Performance	Target
Reduce transfers to Emergency department	16.40	37.00
Improve Resident Satisfaction	94.00	89.00
Reduce Antipsychotic medications	19.00	24.00
Reduce stage 2-4 pressure ulcers	5.00	4.50
Reduce the number of falls	16.60	23.00
Reduce the number of restraints	8.50	3.10

Continue with actions plans that were developed in February 2019.

Ministry of Health and Long-Term Care (MOHLTC) Compliance Orders /Inspection Findings Summary

Ministry of Health and Long Term Care inspectors were in the home from May 27, 2019 to May 31, 2019 to complete critical incident and complaint inspections. The public report is posted on the Ministry of Health and Long Term Care website.

Scorecard: People

Employee Engagement Survey

- 4 team members were recognized by family members and peers through the Spot A Star program

Sienna Support Services Updates

Sienna Partner Visits:

- June 17, 2019 – VP Operations
- June 19, 2019 – Quality Partner

Projects, Location Events and Other

- In recognition of Senior's month, residents baked goods to sell at Human Services, City Hall and Victoria Manor in support of the United Way. Seniors Serving Seniors is one of the many ways the residents support local charities.
- On June 10th, Resident's Council sponsored "Concert in the Park. . .ing Lot". Residents, families and team members enjoyed local talent and wonderful food from "Just for the Halibut" mobile food truck.
- In total, eight full day education sessions held for approximately 144 team members. Topics include quality improvement, Through Our Eyes Resident's Rights, resident safety, lifts & transfers, emergency planning codes, code white, health and safety, incident and accident reporting, palliative care, infection control.

Long Term Care Update

Occupancy (data since last report)

- 96.6% occupancy
- 1 Discounted Private or Semi-private beds (under 60%)
- 17 move ins and 14 discharges

Regulatory visits i.e. MOL, Public Health

No visits this month.

Written and Verbal Complaints Summary

No written or verbal complaints this month.

Compliments Summary

Nothing to report

Occupational Health and Safety Issues

Nothing to report

Resident and Family Satisfaction Survey

Resident's Council was provided with an update of quality improvement activities taking place to improve overall resident satisfaction.

Resident/Family Council Updates

Family Council meeting was held June 10, 2019. Family Council will be meeting monthly except during the months of July and August.

Emergency Preparedness and Environmental concerns

Tested code red on days June 23, evenings June 27 and nights June 27.