Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 20, 2013	2013_200148_0031	O-000636-13	Complaint

Licensee/Titulaire de permis

D M HALL HOLDINGS INC
100 ELVIRA STREET, P.O. BAG 3000, KEMPTVILLE, ON, K0G-1J0

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

BAYFIELD MANOR NURSING HOME
100 ELVIRA STREET, P.O. BAG 3000, KEMPTVILLE, ON, K0G-1J0

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection

Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

---

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

This inspection was conducted on the following date(s): August 29 and September 3, 2013.

This complaint inspection also included information from two Critical Incident Reports.

During the course of the inspection, the inspector(s) spoke with home's Administrator, Director of Care (DOC), Registered Nursing staff, Personal Support Workers (PSW), residents and family members.

During the course of the inspection, the inspector(s) reviewed the health care record of an identified resident, reviewed home policies including the home's policy to promote zero tolerance of abuse, the mechanical lift/transfer policy and information related to staff education in the home. In addition, the inspector reviewed the quality monitoring program as it relates to mechanical lifts and the ArjoHuntleigh user manual as supplied by the home's DOC. The inspector also observed care of the identified resident.

The following Inspection Protocols were used during this inspection:
Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités

Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 219. Retraining
Specifically failed to comply with the following:

s. 219. (1) The intervals for the purposes of subsection 76 (4) of the Act are annual intervals. O. Reg. 79/10, s. 219 (1).

Findings/Faits saillants :

---

1. The licensee failed to comply with O.Reg 79/10, s.219 (1), whereby the licensee did not ensure that staff are provided training on the safe and correct use of mechanical lifts, annually.

In accordance with LTCHA, 2007, c.8, s.76 (1), s.76 (2) 11. and s.76 (4), O.Reg. 79/10, s.218 2. and O.Reg 79/10, s.219 (1), staff are to be trained before performing their responsibilities and then retrained annually in the safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibility.

On a specified date Resident #1 was being transferred by PSW #S101 and Staff #S102, by way of a mechanical lift. During the transfer the resident fell and sustained minor injuries.

Upon request by the Inspector, the home was unable to provide evidence that PSW #S101, was provided retraining on the safe and correct use of mechanical lifts, annually.

An interview with the home's DOC confirmed that the annual training provided in the home to staff does not include training on the safe and correct use of mechanical lifts. [s. 219. (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 staff are trained before performing their responsibilities and then retrained annually in the safe and correct use of mechanical lifts, that is relevant to the staff member's responsibility, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

---

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

---

1. The licensee failed to comply with O.Reg 79/10, s.8 (1) (a), whereby the licensee did not ensure that the policy to promote zero tolerance of abuse and neglect is in compliance with all applicable requirements under the Act.

In accordance with LTCHA, 2007, c.8, s.20 (1), every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents.

The policy entitled Resident Abuse Policy, was provided to the Inspector by the home's DOC, upon request for the home's policy to promote zero tolerance of abuse.

The policy does not comply with all applicable requirements of the Act as demonstrated by the following two items:

1- O.Reg 79/10, s.97 (1) (a) and (b) requires the licensee to notify the resident's Substitute Decision Maker (SDM) immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and to notify the SDM within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

The home's policy to promote zero tolerance of abuse indicates that the nurse in charge, the Department Head or the Director of Nursing will decide whether to immediately inform the resident's next of kin. A separate section of the home's abuse policy notes that the SDM will be notified with 24 hours or as outlined in the plan of care.

2- LTCHA, 2007, c.8, s.24 (1) 2., requires a person with reasonable grounds to suspect that 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 shall immediately report the suspicion and the information upon which it is based to the Director.

The home's policy to promote zero tolerance of abuse indicates that the Operator shall notify the Ministry's Regional Office within 24 hours of having determined that abuse has taken place or is likely to have taken place.

It was further noted that the home's abuse policy references the Nursing Home Act, the Homes for the Aged Act and the Charitable Institutions Act, all of which are legislation that are no longer enforced and have been replaced by the Long Term Care Home's Act, 2007. In addition, the policy references the Ministry of Health and Long Term Care's, Long Term Care Facilities Program Manual which is no longer an applicable reference document since the enactment of the Long Term Care Home's Act, 2007. [s. 8. (1) (a)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).
(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).
(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).
(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 20 (2) (d), whereby the licensee did not ensure that the policy to promote zero tolerance of abuse contains an explanation of the duty under section 24 to make mandatory reports.

The policy entitled Resident Abuse Policy, was provided to the Inspector by the home's DOC, upon request for the home's policy to promote zero tolerance of abuse.

The policy did not contain an explanation of the duty under section 24 of the Act to make mandatory reports. [s. 20. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.90 (2) (a), whereby the licensee did not ensure that procedures are developed and implemented to ensure that electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum.

On a specified date Resident #1 was being transferred by PSW #S101 and Staff #S102, by way of a mechanical lift. During the transfer the resident fell and sustained minor injuries.

A sling is attached to the spreader bar of the mechanical lift, by slotting the lug nut, located on the spreader bar, through each of the four sling clips then pulling down so that the clips are in a safe and secure position. The attachment point of the sling clip, can be described as pear shape, with an elongated neck. Within this elongated section there are two circular areas on either side that should be filled with round plastic inserts. The sling clip is designed to have a partial mechanical resistance to prevent inadvertent dislocation from the spreader bar lug nut.

The Inspector spoke with an ArjoHuntleigh Representative regarding the design and usage of the lift and sling clips in question. It was described to the Inspector that prior to the use of the sling, the person using the sling should ensure that the inserts are in place and in good repair. It was further reported, to the Inspector, that if the inserts are found to be missing or damaged the sling should be taken out of service.

Through the home's investigation into the incident, it was found that the cause of the fall was related to missing inserts on the sling clip. As reported by the Administrator, the home found that the placement of both inserts are required to ensure that the clip remains attached to the spreader bar when any tension is released. The home conducted an audit and found two slings, in addition to Resident #1's sling, whereby one or both inserts were missing from one or more of the sling clips.

The Inspector observed the sling of Resident #1, that was used in the incident and confirmed that on all four sling clips, one or both of the inserts were missing.

PSW #S103 is responsible for monitoring the state of repair of the mechanical lifts and slings in the home. PSW #S103 reported that monthly "checks" are conducted on all mechanical lifts and slings in the home that includes, assessing the condition of slings

and functionality of the mechanics of the lift. These monthly checks were in place prior to the incident.

The home's Administrator and PSW #S103 were interviewed separately and both confirmed that the home has procedures implemented to monitor the state of repair of mechanical lifts and slings. However, prior to the incident the home was not aware of the need to ensure the placement of the inserts on the sling clip. An inspection of the inserts is now included in the monthly monitoring program.

Procedures in place prior to the incident involving Resident #1, did not ensure that equipment, including mechanical lifts, were kept in good repair at a level that meets manufacturer specifications, at a minimum. [s. 90. (2) (a)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

---

1. The licensee failed to comply with O.Reg 79/10, s.96 (e), whereby the licensee did not ensure that the policy to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.

The policy entitled Resident Abuse Policy, was provided to the Inspector by the home's DOC, upon request for the home's policy to promote zero tolerance of abuse.

The policy did not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. [s. 96. (a)]

2. The licensee failed to comply with O.Reg 79/10, s.96 (e), whereby the licensee did not ensure that the policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff, including, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations.

The policy entitled Resident Abuse Policy, was provided to the Inspector by the home's DOC, upon request for the home's policy to promote zero tolerance of abuse.

The policy did not identify the training and retraining requirements for all staff, including, (i)training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii)situations that may lead to abuse and neglect and how to avoid such situations. [s. 96. (e)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.100 (2) whereby the licensee did not ensure that a documented record is kept in the home that includes the provisions described in subsection 2 of section 100 of the Regulations.

On request for the record of complaints brought forward to the home's staff or management, related to Resident #1, the home could not provide a documented record for each verbal or written complaint, the date the complaint was received, type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow up action required, the final resolution if any, every date on which any response was provided to the complainant and a description of the response and any response made in turn by the complainant.

During this inspection it was discovered that the home does not currently maintain a documented record of all verbal and written complaints that comply with O. Reg 79/10, s.100 (2). [s. 101. (2)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 218. Orientation For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:
1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.218 2., whereby the licensee failed to ensure that staff are provided orientation training, prior to performing their responsibilities, in the safe and correct use of equipment, including mechanical lifts, that is relevant to the staff member's responsibilities.

In accordance with LTCHA 2007, c.8, s.76(1) and 76 (2)11. and O. Reg 79/10, s.218 2., staff shall be provided with training prior to performing their responsibilities, in the safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.

On a specified date Resident #1 was being transferred by PSW #S101 and Staff #S102, by way of a mechanical lift. During the transfer the resident fell and sustained minor injuries.

During this inspection it was confirmed that the Staff #S102 participated in direct care to residents and worked in the home pursuant to a contract/agreement between the licensee and third party.

An interview with the home's DOC, reported that the Staff #S102 was not provided training, by the licensee, on the safe and correct use of the home's mechanical lifts, prior to performing responsibilities. The DOC could not confirm if the Staff #S102 was provided training by a third party prior to performing responsibilities in the home. [s. 218. 2.]

Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

---

Issued on this 20th day of September, 2013

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

Amanda Nyi RD LTCH Inspector