



**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
prévus le Loi de 2007 les
foyers de soins de longue**

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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 8, 9, 14, 16, 17, 2011	2011_054133_0026	Mandatory Reporting

Licensee/Titulaire de permis

EXTENDICARE NORTHWESTERN ONTARIO INC
333 York Street, SUDBURY, ON, P3E-4S4

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

EXTENDICARE FALCONBRIDGE
281 FALCONBRIDGE ROAD, SUDBURY, ON, P3A-5K4

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, an Assistant Director of Care, an activity aide, a Registered Practical Nurse and two residents.

During the course of the inspection, the inspector(s) reviewed the health care record of two residents, reviewed the home's policy to promote zero tolerance of abuse and neglect of residents entitled Resident Abuse (RESI-02-06-01, version September 2011) and reviewed a Critical Incident Report.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

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
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 LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

- 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;**
 - (b) shall clearly set out what constitutes abuse and neglect;**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
 - (f) shall set out the consequences for those who abuse or neglect residents;**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
 - (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 home's "Resident Abuse" policy (# RESI-02-06-01, version date September 2011) does not clearly set out what constitutes resident to resident physical abuse. [LTCHA 2007, c.8, s.20(2)b]

The home's "Resident Abuse" policy (# RESI-02-06-01, version date September 2011) does not contain an explanation of the duty under section 24 of the Act to make mandatory reports.
[LTCHA 2007, c.8, s.20(2)d]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) 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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
 2. 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.
 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
 4. Misuse or misappropriation of a resident's money.
 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).
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Findings/Faits saillants :

1. One day in September 2011 a Personal Support Worker (PSW) found two residents yelling at each other in a bedroom. One resident indicated to the PSW that the other resident had caused injury to their hand. The injured resident was transferred to hospital and treated for their injury.

The Director was not made aware of this case of suspected resident to resident physical abuse immediately. The Director was made aware on, October 11th 2011 via a Critical Incident Report. [LTCHA 2007, c.8, s.24(1)2]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act

Specifically failed to comply with the following subsections:

s. 104. (2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director. O. Reg. 79/10, s. 104 (2).

Findings/Faits saillants :

1. One day in September 2011 a Personal Support Worker (PSW) found two residents yelling at each other in a bedroom. One resident indicated to the PSW that the other resident had caused injury to their hand. The injured resident was transferred to hospital and treated for their injury.

The licensee did not make a report within 10 days of becoming aware of the suspected resident to resident physical abuse. The report was made to the Director on October 11th 2011 The report was made via a Critical Incident Report.

WN #4: 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 home's Resident Abuse policy (RESI-02-06-01, Version September 2011) does not identify the training and retraining requirements for all staff 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. [O. Reg 79/10, s.96 (e)i]

The home's Resident Abuse policy (RESI-02-06-01, Version September 2011) does not identify the training and retraining requirements for all staff on the situations that may lead to abuse and neglect and how to avoid such situations. [O. Reg 79/10, s.96 (e)ii]

The home's "Resident Abuse" policy (# RESI-02-06-01, version date September 2011) does not identify measures and strategies to prevent abuse and neglect. [O. Reg 79/10, s.96 (c)]

Issued on this 18th day of November, 2011

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

