

**Health System Accountability and Performance  
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Performance Improvement and Compliance Branch**  
  
**Division de la responsabilisation et de la  
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**Public Copy/Copie du public**

| <b>Date(s) of inspection/Date(s) de l'inspection</b> | <b>Inspection No/ No de l'inspection</b> | <b>Type of Inspection/Genre d'inspection</b> |
|------------------------------------------------------|------------------------------------------|----------------------------------------------|
| Feb 14, 15, 16, 17, May 21, 22, 23, 2012             | 2012_104196_0004                         | Complaint                                    |

**Licensee/Titulaire de permis**

FINLANDIA NURSING HOME LIMITED  
c/o Sudbury Finnish Rest Home, 233 Fourth Avenue, SUDBURY, ON, P3B-4C3

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

FINLANDIA HOIVAKOTI NURSING HOME LIMITED  
233 FOURTH AVENUE, SUDBURY, ON, P3B-4C3

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

LAUREN TENHUNEN (196)

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

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents and family members

During the course of the inspection, the inspector(s) conducted a tour of the home, observed the provision of care and services to residents, reviewed the resident's health care records, reviewed the Mandatory report submitted to the Ministry of Health and Long-Term Care (MOHLTC), reviewed various policies and procedures

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

| Legend                                                                                                                                                                                                                                                                  | Legende                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. 6. Plan of care**

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

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met;**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. Resident #002 experienced a decline in condition and the plan of care was reviewed and revised to reflect this change in May 2011. When the resident's condition started to improve, in the fall of 2011, the resident was not reassessed and the plan of care was not revised to reflect this improvement. As a result, the resident's responsive behaviours were not addressed and a sexual assault towards another resident occurred in October 2011.

The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary; [LTCHA 2007, S.O. 2007, c.8, s.6(10)(b).]

**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 that ensures that residents are reassessed and the plans of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

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

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

**Findings/Faits saillants :**

1. Inspector reviewed the Mandatory report that was submitted to the MOHLTC in October 2011. This report outlined an incident of sexual abuse from resident #002 towards resident #001. The health care record for resident #002 was reviewed by the inspector and it identified that this resident had a documented history of inappropriate sexual behaviours towards others. As a result of these responsive behaviours, strategies were developed, including the use of restraints and the use of an alarm system, and were implemented to minimize the risk to others. When resident #002 condition had deteriorated, the strategies that had been in place were put on hold. When resident #002's condition improved, strategies were not reinstated and an incident of sexual abuse occurred. The resident was not reassessed and the plan of care revised in order to protect residents from abuse.

The licensee failed to ensure that residents are protected from abuse by anyone and that residents are not neglected by the licensee or staff. [LTCHA 2007, S.O. 2007, c. 8, s. 19 (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 that ensures that residents are protected from abuse by anyone and that residents are not neglected by the licensee or staff, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**

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

**s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**  
**(a) the behavioural triggers for the resident are identified, where possible;**  
**(b) strategies are developed and implemented to respond to these behaviours, where possible; and**  
**(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

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**Findings/Faits saillants :**

1. Inspector reviewed the health care records for resident #002. Resident #002 had a history of inappropriate sexual behaviour towards others. The care plan that was in place at the time of an incident of sexual abuse contained strategies to respond to responsive behaviours but these were on hold and not implemented due to a decline in the resident's condition. When the resident's condition improved, the strategies were not reinstated, and as a result resident #002 was able to sexually assault another resident.

The licensee failed to ensure that, for each resident demonstrating responsive behaviours, (b) strategies are developed and implemented to respond to these behaviours, where possible; [O.Reg.79/10,s.53(4)(b).]

**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 that ensures that for each resident demonstrating responsive behaviours, strategies are developed and implemented to respond to these behaviours, to be implemented voluntarily.***

**Issued on this 23rd day of May, 2012**



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

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

*[Handwritten signature]* #796.