



**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 24, 2013	2013_200148_0032	O-000653- 13	Critical Incident System

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

FOREST HILL
6501 CAMPEAU DRIVE, KANATA, ON, K2K-3E9

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 12, 13, 16 and 17, 2013, on site.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, OMNI Regional Representative, Director of Care (DOC), Assistant Director of Care (ADOC), Staff Development Coordinator, Registered Nursing Staff, Personal Support Workers (PSW), Housekeeping/Laundry staff and family members.

During the course of the inspection, the inspector(s) reviewed resident health care records, the home's investigation notes, the home's Respect Always manual, the home's policy to promote zero tolerance of abuse and neglect of residents, staffing schedules, the package of information provided to residents/SDMs on admission, information related to the training of staff in the home. Observed resident care and posting of information in the home.

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.)

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. 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).



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Findings/Faits saillants :



1. The licensee failed to comply with LTCHA 2007, c.8, s.20 (2), whereby the licensee did not ensure that at a minimum the written policy to promote zero tolerance of abuse and neglect of residents:

- (b) clearly sets out what constitutes abuse and neglect;
- (d) contains an explanation of the duty under section 24 to make mandatory reports.

The following policies were confirmed by the home's Administrator as the home's policy to promote zero tolerance of abuse and neglect of residents, as required under LTCHA 2007, c.8, s. 20 (1):

Principles of Respect Always, policy #TO-
Definitions, policy #HR-RA-1.2

Reporting Incidents of Abuse, policy # TO- 8.3

Abuse/Neglect of Residents by Staff, policy #HR-RA-2.2

Abuse/Neglect of Residents by Outside Service Providers, policy #HR-RA-2.9

Abuse/Neglect of Resident by Home Volunteers or Students, policy #HR-RA-2.8

Abuse of Resident by Residents, policy #HR-RA-2.4

Abuse of Residents by Family/Friends, policy #HR-RA-2.5

A review of the above policies demonstrates that the policies provide for the various definitions of abuse, but do not clearly set out what constitutes neglect.

In accordance with LTCHA 2007, c.8, s.24(1) 2., a person who has reasonable grounds to suspect that abuse or neglect of a resident has occurred or may occur, shall immediately report the suspicion and the information upon which it is based to the Director.

A review of the above policies demonstrates that the policies do not contain an explanation of the duty under section 24 to make mandatory reports, that is compliant with LTCHA 2007, c.8, s.24 (1), as exemplified by:

- 1- the procedure as outlined in the Reporting of Incidents Abuse policy indicates that the home shall contact the Ministry of Health upon becoming aware of an incident of abuse or neglect;
- 2- several of the policies describe procedures by which the Ministry of Health will be notified when sufficient evidence exists to substantiate an allegation of abuse/neglect.

In accordance with O.Reg 79/10, s.2 (1) and LTCHA 2007, s.24 (1) 2., the Act has



defined physical, emotional, sexual, financial and verbal abuse and neglect. In the instance when a person has reasonable grounds to suspect that abuse or neglect of a resident has occurred or may occur, the suspicion and the information upon which it is based shall be immediately reported to the Director.

A review of the policies demonstrates the following:

- 1- several of the policies describe the purpose of the policy is to provide staff with direction in the matters of abuse and neglect and do not provide for direction for a person as it relates to abuse and neglect of a resident;
- 2- several of the policies describe procedures that are initiated when a staff member witnesses an act of abuse or neglect and do not include procedures when a person witnesses an act of abuse or neglect and do not include procedures when a person has reasonable grounds to suspect abuse or neglect of a resident has occurred or may occur;
- 3- the Abuse of Residents by Residents policy does not include abuse of a verbal, sexual or emotional nature. The policy reflects only physical abuse and verbal aggression.

It is to be noted that the home's management team was unable to identify the above 8 policies as the home's policy to promote zero tolerance of abuse and neglect of residents, upon the Inspectors initial request for the policy. Rather, additional policies and documents were provided over the course of the inspection, as the Inspector identified legislative requirements that were not described in previously provided policies. An interview with the home's Administrator on September 23, 2013, confirmed the above 8 policies as the home's policy to promote zero tolerance of abuse and neglect of residents. Further to this, staff members interviewed referenced the Respect Always program as the home's policy to promote zero tolerance of abuse and neglect of residents. When the manual containing the policies related to the Respect Always program were reviewed it did not include the Reporting Incidents of Abuse policy, which was identified by the home's Administrator to be a part of the home's policy to promote zero tolerance of abuse and neglect of residents. [s. 20. (2)]

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:

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. 2007, c. 8, s. 24 (1), 195 (2).**
- 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. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, c.8, s.24 (1) 2., whereby the licensee did not ensure that a person who has 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 risk of harm to the resident has occurred or may occur, shall immediately report the suspicion and the information upon which it is based to the Director.

On a date specified date, Staff member #S2 provided the management of the home with information related to an alleged incident of abuse involving Resident #1 whereby Staff member #S1 was involved. The home's management team conducted an investigation into the alleged incident and concluded that no incident of abuse had occurred.

Staff member #S2 did not immediately report the alleged incident of abuse to the Director. [s. 24. (1)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.



Specifically failed to comply with the following:

- s. 78. (2) The package of information shall include, at a minimum,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)
 - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
 - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
 - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)
 - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)
 - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)
 - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)



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(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)

(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, c.8, s.78(2)(c), whereby the licensee did not ensure that the package of information provided to the resident and substitute decision maker (SDM) of the resident, at the time the resident is admitted, includes the home's policy to promote zero tolerance of abuse and neglect of residents, at minimum.

The following policies were confirmed by the home's Administrator as the home's policy to promote zero tolerance of abuse and neglect of residents, as required under LTCHA 2007, c.8, s. 20 (1):

Principles of Respect Always, policy #TO-

Definitions, policy #HR-RA-1.2

Reporting Incidents of Abuse, policy # TO- 8.3

Abuse/Neglect of Residents by Staff, policy #HR-RA-2.2

Abuse/Neglect of Residents by Outside Service Providers, policy #HR-RA-2.9

Abuse/Neglect of Resident by Home Volunteers or Students, policy #HR-RA-2.8

Abuse of Resident by Residents, policy #HR-RA-2.4

Abuse of Residents by Family/Friends, policy #HR-RA-2.5

The home's administrator reported that the above policies are a part of the licensee's Respect Always program and policies.

A review of the package of information provided to a resident and/or SDM on admission to the home includes a synopsis of the Respect Always program and Reporting Incidents of Abuse policy along with information related to investigative procedures and mandatory reporting.

The package of information provided to the resident and/or SDM on admission does not include what was identified to the inspector as the home's policy to promote zero tolerance of abuse and neglect of residents. [s. 78. (2) (c)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.
79. Posting of information**



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)



Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, c.8, s.79 (3) (c), where by the licensee did not ensure that the home's policy to promote zero tolerance of abuse and neglect of residents is posted in the home in a conspicuous and easily accessible location.

The following policies were confirmed by the home's Administrator as the home's policy to promote zero tolerance of abuse and neglect of residents, as required under LTCHA 2007, c.8, s. 20 (1):

Principles of Respect Always, policy #TO-

Definitions, policy #HR-RA-1.2

Reporting Incidents of Abuse, policy # TO- 8.3

Abuse/Neglect of Residents by Staff, policy #HR-RA-2.2

Abuse/Neglect of Residents by Outside Service Providers, policy #HR-RA-2.9

Abuse/Neglect of Resident by Home Volunteers or Students, policy #HR-RA-2.8

Abuse of Resident by Residents, policy #HR-RA-2.4

Abuse of Residents by Family/Friends, policy #HR-RA-2.5

The home's administrator reported that the above policies are a part of the licensee's Respect Always program and policies.

A review of the home's posting of information was undertaken by the Inspector and the home's DOC. It was determined that the home posts a document which includes a synopsis of the Respect Always program and Reporting Incidents of Abuse policy along with information related to investigative procedures and mandatory reporting.

The posting of information in the home does not include what was identified to the inspector as the home's policy to promote zero tolerance of abuse and neglect of residents. [s. 79. (3) (c)]



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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, whereby the licensee did not ensure that the 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.

(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.

The following policies were confirmed by the home's Administrator as the home's policy to promote zero tolerance of abuse and neglect of residents, as required under LTCHA 2007, c.8, s. 20 (1):

Principles of Respect Always, policy #TO-

Definitions, policy #HR-RA-1.2

Reporting Incidents of Abuse, policy # TO- 8.3

Abuse/Neglect of Residents by Staff, policy #HR-RA-2.2

Abuse/Neglect of Residents by Outside Service Providers, policy #HR-RA-2.9

Abuse/Neglect of Resident by Home Volunteers or Students, policy #HR-RA-2.8

Abuse of Resident by Residents, policy #HR-RA-2.4

Abuse of Residents by Family/Friends, policy #HR-RA-2.5

A review of the above policies demonstrates that the policies do not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected nor do the policies identify the training and retraining requirements of staff in accordance with section 96 of Regulation 79/10. [s. 96. (a)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents



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Specifically failed to comply with the following:

s. 97. (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation. O. Reg. 79/10, s. 97 (2).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, s.97 (2), whereby the licensee did not ensure that the resident and the resident's substitute decision maker were notified of the results of the investigation as required under subsection 23 (1) of the Act, immediately upon the completion of the investigation.

On a date specified date, Staff member #S2 provided the management of the home with information related to an alleged incident of abuse involving Resident #1 whereby Staff member #S1 was involved. The home's management team conducted an investigation into the alleged incident and concluded that no incident of abuse had occurred.

The inspection demonstrated that the Power of Attorney's (POA) for personal care for Resident #1 were not provided notification of the results of the investigation immediately upon the completion of the investigation. [s. 97. (2)]

Issued on this 24th day of September, 2013

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

Arinda N. R. L. T. C. H. Inspector