Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue 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
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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
Dec 5, 6, 7, 8, 12, 2011; Jan 4, 9, 2012	2011_050151_0019	Critical Incident

Licensee/Titulaire de permis

LADY ISABELLE NURSING HOME LTD
102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0

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

LADY ISABELLE NURSING HOME
102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Nurse Manager, Registered Staff, Personal Support Workers, Resident, Family member

During the course of the inspection, the inspector(s) directly observed care and services to residents, directly observed staff to resident inter-actions, conducted environmental walk-through of the home, reviewed policies and procedures related to the issue of abuse, reviewed home's policies and procedures related to mandatory reporting, reviewed resident's health care records,

The following Inspection Protocols were used during this inspection:

Critical Incident Response

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 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. On December 7, 2011, Inspector 151 reviewed the licensee's policy to promote zero tolerance of abuse and neglect of residents entitled : "Resident Abuse by Staff", (no reference number assigned), revision date of November 22, 2011. Inspector 151 found that the policy does 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.[O.Reg.79/10, s.. 96. (e)]

The section that addresses staff training references only the following: " mandatory yearly education on abuse, workplace violence and code of conduct issues and policies".
2. On December 7, 2011, Inspector 151 reviewed the licensee's policy to promote zero tolerance of abuse and neglect of residents entitled " Resident Abuse by Staff,(no policy number assigned), revision date of November 22, 2011. Inspector 151 found the policy does not include procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.[O.Reg.79/10, s.. 96. (a)]

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 will ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents addresses the requirements stipulated in the regulation: O.Reg.79/10, s.96(a)(e), to be implemented voluntarily.

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).

Findings/Faits saillants :

1. The licensee had reasonable grounds to suspect an incident of resident to resident abuse had occurred when details regarding the matter was brought to the Administrator's attention. The incident was not reported to the Ministry until 9 days later. The licensee did not immediately report the suspicion and the information upon which it was based to the Director. [LTCA,2007 S.O.2007,c.8, s. 24. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The licensee has not ensured that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences
[O.Reg.79/10, s. 99. (b)]

December 7, 2011, Inspector 151 reviewed the home's policies in regards to prevention of abuse , neglect and retaliation. The policy is titled " To Maintain a Zero Tolerance for Abuse of a Resident" and has an initiated date of December 2004. The most current version is November 2008. The policy is found to outdated in reference: for example: the policy states that the home is to notify the Ministry's Regional Office within 24 hours of the indication of abuse by telephone and that it had 5 business days to complete an Abuse Form and to insure that the Regional Office receives the form. In addition, the policy directs staff that "the home is to submit the investigation report within one month of the initial report to the Director , Long Term-Care Homes Branch.

The licensee's policy does not accurately reflect the requirements of the Long-Term Care Homes Act 2010. Specifically,
a.) the Regional Office of the MOHLTC no longer exists,
b.) LTCA,2007 S.O.2007,c.8, s.24(1) (2): "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 is it is based to the Director. (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.

b) O.Reg.79/10, s.104(1) states that the home is to make a report to the Director within 10 days of becoming aware of the alleged suspected or witnessed incident, or at an earlier date if required by the Director

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 in ensuring that once in every calendar year, the licensee evaluates the effectiveness of the policy to promote zero tolerance of abuse and neglect of residents , and what changes and improvements are required to prevent further occurrences, to be implemented voluntarily.

Issued on this 9th day of January, 2012

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

Monique G. Berger (INSPECTOR 151)