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
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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 18, 2013	2013_214146_0046	H-000323-13/ H-000480-13	Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7

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

LINHAVEN
403 Ontario Street, St. Catharines, ON, L2N-1L5

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

BARBARA NAYKALYK-HUNT (146), BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 29, 30 (120), September 5,10, 11, 12, 2013.

This inspection was conducted with Inspector Bernadette Susnik (120) and concurrently with 2 CI inspections H-000547-13, H-000189-13; 2 complaint inspections H-000442-13, H-000216-13; and 2 follow-up inspections H-000089-13, H-000403-13.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), housekeeping/laundry supervisor, registered staff, Personal Support Workers (PSW's), housekeeping and laundry staff, residents and family members.

During the course of the inspection, the inspector(s) toured the laundry room and random resident rooms throughout the building, reviewed policies and procedures related to laundry and housekeeping,resident health records and the home's documentation related to the process of moving residents to accommodate the new Convalescent Unit.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Laundry

Personal Support Services

Reporting and Complaints

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 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 has not ensured that a documented record was kept in the home that included:
(a) the nature of each verbal or written complaint
(b) the date the complaint was received
(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
(d) the final resolution, if any
(e) every date on which any response was provided to the complainant and a description of the response, and
(f) any response made by the complainant.

1.A review of the home's complaint log for 2012 and 2013 was done during an inspection related to three complaints; the 2013 complaint log contained no documents for 2013 prior to August 14, 2013. The DOC and Administrator stated that a new complaint form was initiated on August 14, 2013. Since that date, eight complaints are in the complaint log.
The complaint log for 2012 contained no documentation of any type after July 4, 2012. The Administrator stated that there were no written complaints between July 4, 2012 and August 14, 2013 and the verbal ones were dealt with immediately. A cursory review of the home's HSAO file for the past several months revealed that there had been 2 complaint letters submitted to the HSAO in April 2013 by the Administrator. The Administrator and DOC confirmed that the complaint process had not been followed in the past year.
2.Several complaints were made by a family member to the home staff regarding lost clothing items over the course of 2012 and 2013 for an identified resident. Several registered staff interviewed were well aware of the claims regarding lost clothing. In particular, a complaint was made to registered staff in June 2012 regarding several lost clothing items. This complaint was documented in the Director of Care's complaint binder. No follow up response was made to the complainant and was not available in the binder. The complainant confirmed that staff did not give a response other than "they will get back to" the complainant. (120)
3.The SDM of resident #400 stated that at the end of a meeting in April 2013 with management of the home related to resident safety complaints, a follow-up response to the SDM was promised by the administrator. The SDM states no follow-up response was ever received. Another meeting was requested by the SDM after a second safety issue in July 2013 and did take place.. [s. 101. (2)]

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 a documented record is kept in the home that includes:
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(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;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant, to be implemented voluntarily.

Issued on this 3rd day of October, 2013

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

BARBARA NAYEALYK-HUNT