



**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
May 18, 19, Oct 31, 2011	2011_027192_0019	Critical Incident

Licensee/Titulaire de permis

THE CORPORATION OF NORFOLK COUNTY
50 Colborne Street South, SIMCOE, ON, N3Y-3H3

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

NORVIEW LODGE
44 ROB BLAKE WAY, P. O. BOX 604, SIMCOE, ON, N3Y-4L8

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

DEBORA SAVILLE (192)

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 the Administrator, Director of Care, and Resident Care Co-ordinator related to H-00897-11.

During the course of the inspection, the inspector(s) reviewed policy and procedure, incident investigation and medical records.

Revision of this report was completed as a result of additional information provided by the home on July 6, 2011.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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. A specified residents care needs changed on a specified date, the resident was not reassessed and the plan of care reviewed and revised.

Documentation in the progress notes indicates that a specified resident's condition changed. No assessment was completed to determine the cause of identified changes in condition.

The progress notes for the specified resident demonstrated ongoing changes in condition. No assessment was completed to determine the cause of the identified changes in condition.

Six days after staff first recognized a change in a specified resident's condition, the resident was diagnosed and treatment was initiated. No nursing assessment was completed at the time of diagnosis.

A specified resident has a specified diagnosis and history of infections. Investigation was initiated and a report received. The home did not follow-up on the results of the report or communicate findings to the physician for five days, when treatment was initiated.

WN #2: 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 homes policy "Prevention of Abuse and Neglect" HSS/NVL dated as revised September 2010 does not include procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The homes policy on the prevention of abuse and neglect was not followed.
On a specified date a Personal Support Worker reported to the Registered Practical Nurse (RPN) on the home area that a specified resident had reported abusive treatment from a care provider. The incident was communicated by the RPN to the Resident Care Coordinator by e-mail. Information related to the allegations was not received by the Resident Care Coordinator for more than 48 hours. The homes policy requires immediate verbal reporting to the immediate supervisor in any case of abuse (alleged, suspected).
The Resident Care Coordinator interviewed the resident and determined that the resident was unable to substantiate the allegations made on previously to the Personal Support Worker and repeated to the registered staff member.
During interview with the Director of Nursing and the Administrator it was identified that the implicated staff member was not interviewed as part of the investigation, no written statement was obtained. It is unclear whether the implicated staff member was made aware of the allegation. The homes policy requires that the implicated staff member is informed about the allegation as soon as possible and is asked to document their interpretation of the incident.
No report on the homes investigation into the incident was available at the time of the inspection. The homes policy indicates that a written report is to be completed and defines the specific information to be contained within that report.



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Issued on this 1st day of November, 2011

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

Deborah Swille