Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

London Service Area Office
130 Dufferin Avenue 4th floor
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130, avenue Dufferin 4ème étage
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 25, 2020	2020_778563_0032	017103-20, 018668-20, 020997-20	Critical Incident System

Licensee/Titulaire de permis

S & R Nursing Homes Ltd.
265 North Front Street Suite 200 SARNIA ON N7T 7X1

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

Afton Park Place Long Term Care Community
1200 Afton Drive SARNIA ON N7S 6L6

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

This inspection was conducted on the following date(s): November 3, 4, 5 and 9, 2020

Critical Incident System (CIS) #2872-000017-20 related to staff to resident verbal and emotional abuse.
CIS #2872-000020-20 related to resident to resident physical responsive behaviour resulting in injury.
Follow-up to Compliance Order #001 regarding r. 8. (1), with a Compliance Due Date of November 1, 2020.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Manager of Resident Care, the Manager of Resident Care, Registered Practical Nurses (RPNs), Behavioural Supports Ontario RPN, the Clinical Consultant Pharmacist, Personal Support Workers and residents.

The Inspector also made observations of residents and care provided. Relevant policies and procedures, investigation notes, as well as clinical records and plans of care for identified residents were reviewed.

The following Inspection Protocols were used during this inspection:
Medication
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **1 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #001	2020_648741_0011	563

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	Légende 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 LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

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. The licensee failed to ensure that five residents were protected from neglect, rough handling and verbal abuse by a Personal Support Worker (PSW).

Section 2 (1) of the Ontario Regulation 79/10 defines neglect as “the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well being, including inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents.” “Verbal abuse means, any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident”.

A PSW neglected and verbally abused five residents over three different days. The residents were not treated with respect and dignity and were at risk of a diminished sense of safety, well-being, dignity or self-worth. The PSW did not follow the strategies outlined in one of the resident's plan of care and the resident was at risk of further anxiety, was treated roughly during care and verbally abused.The resident was also at risk of impaired skin integrity and injury. Staff did not report incidents immediately to management and if they had done so, the most recent incident towards three residents would not likely have happened. Residents and staff stated the PSW was rude and disrespectful to residents and would came right down in their face and yell. Staff reported the PSW would neglect care by stating they were too busy. The Manager of Resident Care (MRC) stated the PSW was terminated.

The S&R Nursing Homes Ltd. Termination Letter to the PSW concluded resident neglect and failure to provide care, verbal abuse, rough care to a resident; and other residents reported the PSW was loud and would yell in their faces. There was a history of abusive and inappropriate communication and the PSW’s recent behaviour was considered extremely neglectful and abusive.

Sources: Critical Incident Report. Interviews with PSWs, PRNs, MRC, and residents. Investigation interviews and notes. Resident clinical records. Observations. Resident Abuse and Neglect Policy Number 08-05 last revised November 7, 2019. Letter of Termination. [s. 19. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (3) The drugs must be destroyed by a team acting together and composed of,
(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
(ii) a physician or a pharmacist; and O. Reg. 79/10, s. 136 (3).

Findings/Faits saillants :

1. The licensee failed to ensure when a drug that was to be destroyed was a controlled substance, it will be done by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and a physician or a pharmacist.

The Assistant Manager of Resident Care (AMRC) stated there was a doubled locked stationary wooden cupboard in a metal locked cabinet under the counter and a double locked mailbox exclusively for used narcotic patches. The AMRC stated the narcotic patches for destruction were removed form the locked mailbox, documentation was reviewed to ensure all patches were accounted for, then the AMRC or Manager of Resident Care (MRC) together with a Registered Team Member (RTM) would bring the patches to the Daniel's Smartsharp container kept in the MRC's office.

The Clinical Consultant Pharmacist stated used narcotic patches for destruction were to be stored securely and double locked until destruction could occur. The MRC stated once the overflow of narcotic patches were removed from the double locked mailbox, the count was reconciled with the Registered Nurse (RN), and the MRC and RN would take the overflow to the Daniel’s bin in the MRC office. When the Daniel’s bin was full, it goes to the locked Daniel’s Storage Room. The MRC verified the used narcotic patches have never been a part of the drug destruction with pharmacy.

S&R Medication - Storage, Narcotics and Controlled Substances Policy Number: RCM 17-08 last revised January 16, 2019, stated all discontinued narcotics must remain under double lock and key until disposal by MRC/designate and Pharmacist. S&R Disposal of Fentanyl Patches Policy: RCM 17-11 last revised December 11, 2018, stated on a predetermined date and time, the consultant pharmacist and Manager of Resident Care or designate will remove the controlled substances designated for destruction from the double locked location designated for controlled substances awaiting disposal.

The controlled substance patches were to be destroyed by the MRC/designate and pharmacy to ensure accurate reconciliation and drug destruction by a team acting together.

Sources: Interviews with registered nursing staff, AMRC, MRC, and Clinical Consultant Pharmacist. S&R and Silver Fox Pharmacy policies, and the resident’s clinical records. [s. 136. (3) (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 to ensure when a drug that is to be destroyed is a controlled substance, it will be done by a team acting together and composed of one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and a physician or a pharmacist, to be implemented voluntarily.

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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the S&R Disposal of Fentanyl Patches Policy put in place was in compliance with and was implemented in accordance with all applicable requirements under the Act.

Ontario Regulation 79/10, s. 136 (2)(2) states, “the drug destruction and disposal policy must also provide for the following: 2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

S&R Disposal of Fentanyl Patches Policy: RCM 17-11 last revised December 11, 2018, stated "The used Fentanyl patch is stored in the narcotic bin on the medication cart until such time as the Manager of Resident Care (MRC) or designate is available for next steps."

The medication cart narcotic bin stores medications available for administration. The practice of storing used and unused Fentanyl patches in the same secured location could potentially cause a medication incident.

Sources: S&R Disposal of Fentanyl Patches Policy: RCM 17-11 last revised December 11, 2018 [s. 8. (1) (a)]

Issued on this 30th day of November, 2020

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	MELANIE NORTHEY (563)
Inspection No. / No de l’inspection :	2020_778563_0032
Log No. / No de registre :	017103-20, 018668-20, 020997-20
Type of Inspection / Genre d’inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Nov 25, 2020
Licensee / Titulaire de permis :	S & R Nursing Homes Ltd. 265 North Front Street, Suite 200, SARNIA, ON, N7T-7X1
LTC Home / Foyer de SLD :	Afton Park Place Long Term Care Community 1200 Afton Drive, SARNIA, ON, N7S-6L6
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Jeff Harvey

To S & R Nursing Homes Ltd., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee must comply with s.19 of the LTCHA.
Specifically, the licensee must:
a) Provide education to two Personal Support Workers (PSWs) and a Registered Practical Nurse (RPN) on the Abuse and Neglect Policy for mandatory reporting requirements, the definitions of abuse and neglect and their role responsibilities related to notification.
b) Ensure there is a written record of the name of the staff member(s) who provided the education, staff attendance with signatures and a copy of the content that was reviewed with the PSWs and RPN.

Grounds / Motifs :

1. The licensee failed to ensure that five residents were protected from neglect, rough handling and verbal abuse by a Personal Support Worker (PSW).

Section 2 (1) of the Ontario Regulation 79/10 defines neglect as "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well being, including inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents." "Verbal abuse means, any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident".

A PSW neglected and verbally abused five residents over three different days. The residents were not treated with respect and dignity and were at risk of a diminished sense of safety, well-being, dignity or self-worth. The PSW did not follow the strategies outlined in one of the resident's plan of care and the

resident was at risk of further anxiety, was treated roughly during care and verbally abused.The resident was also at risk of impaired skin integrity and injury. Staff did not report incidents immediately to management and if they had done so, the most recent incident towards three residents would not likely have happened. Residents and staff stated the PSW was rude and disrespectful to residents and would came right down in their face and yell. Staff reported the PSW would neglect care by stating they were too busy. The Manager of Resident Care (MRC) stated the PSW was terminated.

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Sources: Critical Incident Report. Interviews with PSWs, PRNs, MRC, and residents. Investigation interviews and notes. Resident clinical records. Observations. Resident Abuse and Neglect Policy Number 08-05 last revised November 7, 2019. Letter of Termination.

An order was made by taking the following factors into account:
Severity: There was actual harm or actual risk to five residents by a PSW.
Scope: The scope of this non-compliance was a pattern because the PSW verbally abused and/or neglected up to five residents on three separate days.
Compliance History: There was no non-compliance issued to the home related to s. 19 of the legislation in the past 36 months. (563)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 11, 2020

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 25th day of November, 2020

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Melanie Northey

Service Area Office /
Bureau régional de services : London Service Area Office