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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 24, 2015	2015_376594_0003	S-000574-14	Complaint

Licensee/Titulaire de permis

ALGONQUIN NURSING HOME OF MATTAWA LIMITED
231 TENTH STREET P.O. BOX 270 MATTAWA ON P0H 1V0

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

ALGONQUIN NURSING HOME OF MATTAWA LIMITED
231 TENTH STREET P.O. BOX 270 MATTAWA ON P0H 1V0

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

MONIKA GRAY (594)

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): February 02, 2015

This inspection was conducted concurrently with Critical Incident System Inspection 2015_376594_0002.

During the course of the inspection, the inspector(s) spoke with Personal Support Worker (PSW), Ward Clerk, In-service Coordinator, Registered Practical Nurse (RPN), Registered Nurse (RN), Resident and Family Service Coordinator, and the Director of Care.

The inspector(s) reviewed polices, plans of care and other documentation of the home, conducted a tour of the home and observed the provision of care to residents.

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

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

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 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 has failed to ensure that any person who had reasonable grounds to suspect abuse of a resident by anyone that resulted in risk of harm, immediately reports the suspicion and the information upon which it was based to the Director. Inspector #594 reviewed a Critical Incident Report submitted to the Director in 2014. According to the report, resident to resident abuse occurred in 2014. Resident #001 had complaints of pain and a raised contusion oozing a small amount of drainage. In an interview with the inspector, staff #101 stated they had an understanding of some things that need to be reported to the Director. Staff #101 told the inspector that if they were required to submit a report, they contact the DOC or the Resident Assessment Instrument (RAI) Coordinator who would submit the report. And, as stated by staff #101, if an incident occurred after the home’s office hours, they would send an email to the DOC to notify of them of an incident, and thinks the DOC would submit a report the next day.

Inspector #594 interviewed the DOC who stated that they were responsible for submitting reports to the Director. The DOC stated that in 2014 the manager on call schedule was updated to reflect the responsibilities to be shared amongst the senior management team. If staff had concerns they would contact the manager on call. The DOC further stated to the inspector that they weren’t sure if staff would call the manager on call, as it was a learning process for all staff. The DOC verified the process to report an incident to the Director, as stated by staff #101, that staff would send an email to the DOC, and the DOC submits reports to the Director. If an incident occurred on the weekend, as told to the inspector by the DOC, the DOC would respond to the email from staff and would submit a Critical Incident Report on the Monday.

The inspector reviewed the home's policy titled Resident Abuse Prevention #1-09 which states any person witnessing or suspecting abuse contacts the Home Administrator or delegate, or the Ministry of Health and Long-Term Care ACTION Line. According to the same policy a person who has reasonable grounds to suspect that any of the following has occurred or may occur must immediately report that suspicion and the information upon which the suspicion was based to the Director. The inspector reviewed the Critical Incident Report with the DOC who verified the Director was not informed immediately of abuse of a resident that resulted in risk of harm. [s. 24. (1) 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 person who has reasonable grounds to suspect abuse of a resident by anyone that resulted in harm or a risk of harm to the resident immediately reports the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).
2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).
4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).
5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).
6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).
7. Fire prevention and safety. 2007, c. 8, s. 76. (2).
8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).
9. Infection prevention and control. 2007, c. 8, s. 76. (2).
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff received training on the home's policy to promote zero tolerance of abuse and neglect of residents prior to performing their responsibilities. Inspector #594 interviewed Staff #105 who stated when a new staff member is hired, their first day is to arrive at the home as per their scheduled shift in attire designated for their role. The new staff member will be buddied with another staff to learn, while performing their responsibilities. Staff #105 told the inspector that all staff have one month to complete the home's Health and Safety Orientation Checklist which consists of reviewing policies, including but not limited to Resident Abuse Prevention, Measures and Strategies to Prevent Abuse and Neglect as well as Reporting Abuse. Completion of this checklist is to be done independently as stated by Staff #105, and that an orientation day with managers, is done quarterly. Inspector #594 interviewed the DOC who verified staff did not receive training on the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities. [s. 76. (2) 3.]

2. The licensee has failed to ensure that staff received training in the area of mandatory reporting under section 24 of the Act prior to performing their responsibilities. Inspector #594 interviewed Staff #105 who stated when a new staff member is hired, their first day is to arrive at the home as per their scheduled shift in attire designated for their role. The new staff member will be buddied with another staff to learn, while performing their responsibilities. Staff #105 told the inspector that all staff have one month to complete the home's Health and Safety Orientation Checklist which consists of reviewing policies, including but not limited to Resident Abuse Prevention, Measures and Strategies to Prevent Abuse and Neglect as well as Reporting Abuse. Completion of this checklist is to be done independently as stated by Staff #105, and that an orientation day with managers, is done quarterly. Inspector #594 interviewed the DOC who verified staff did not receive training in the area of mandatory reporting under section 24 of the Act prior to performing their responsibilities. [s. 76. (2) 4.]

3. The licensee has failed to ensure that staff received training in the area of whistle-blowing protections under section 26 of the Act prior to performing their responsibilities. Inspector #594 interviewed Staff #105 who stated when a new staff member is hired, their first day is to arrive at the home as per their scheduled shift in attire designated for their role. The new staff member will be buddied with another staff to learn, while performing their responsibilities. Staff #105 told the inspector that all staff have one month to complete the home's Health and Safety Orientation Checklist which consists of

reviewing policies, including but not limited to Resident Abuse Prevention, Measures and Strategies to Prevent Abuse and Neglect as well as Reporting Abuse. Completion of this checklist is to be done independently as stated by Staff #105, and that an orientation day with managers, is done quarterly. Inspector #594 interviewed the DOC who verified staff did not receive training in the area of whistle-blowing protections under section 26 of the Act prior to performing their responsibilities. [s. 76. (2) 5.]

4. The licensee has failed to ensure that staff received retraining annually relating to the home's policy to promote zero tolerance of abuse and neglect of residents, the protections afforded by section 26 [whistle-blowing protections] and the Residents Bill of Rights. Inspector #594 interviewed Staff #101, #103, #104, #106 and #107 who all stated they were not sure about training on whistle-blowing protections and were unable to inform the inspector of the correct definition of whistle-blowing protections. Staff #103, #104, #106 and #107 stated they received training on abuse through the home's online education training program.

Inspector #594 and Staff #105 reviewed the Zero Tolerance of Abuse learning module video that all staff must complete as stated by staff #105. The learning module failed to provide training on the home's policy to promote zero tolerance of abuse and neglect of residents as well as the protections afforded by section 26 (whistle blowing protections). Staff #105 verified the home does not provide retraining on the abuse policy which does include whistle blowing protection.

Inspector #594 reviewed the home's policy titled Resident Abuse Prevention #1-09 dated June 04, 2014 which states the Administrator and DOC will ensure that staff review the Resident Abuse Prevention Policy upon orientation and on an annual basis and as needed if incidents arise.

The inspector reviewed a course completion for Residents Bill of Rights list provided by Staff #105 for 2014 which stated that four of 65 staff had not completed training of the Residents Bill of Rights for 2014. Staff #105 verified four staff had not completed the annual retraining. [s. 76. (4)]

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 no person performs their responsibilities before receiving training including but not limited to: the long-term care home's policy to promote zero tolerance of abuse and neglect of residents, the duty under section 24 to make mandatory reports, the protections afforded by section 26 and that all staff receive retraining in the areas mentioned on an annual basis, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. O. Reg. 79/10, s. 107 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Director is immediately informed, in as much detail as is possible in the circumstances of an outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. Inspector #594 reviewed a Critical Incident Report submitted to the Director in January 2015. According to the report, it stated on January 04, 2015 the Health Unit declared an outbreak at the home. In an interview with the inspector, the DOC stated they had initiated a report but that it was possible it was not submitted properly. In a follow up with the inspector, the DOC brought to the attention in the Critical Incident Report an initial notification on January 05, 2015 at 11:59am. Given that according to the same report the outbreak was declared on January 04, 2015 at 10:00 the initial report was not submitted to the Director immediately.

The inspector further reviewed a Critical Incident Report submitted to the Director in 2014 . According to the report, resident to resident abuse occurred in 2014. In an interview with the inspector, staff #101 stated they had an understanding of some things that need to be reported to the Director. Staff #101 told the inspector that if they were required to submit a report, they contact the DOC or the Resident Assessment Instrument (RAI) Coordinator who would submit the report. And, as stated by staff #101, if an incident occurred after the home's office hours, they would send an email to the DOC to notify of an incident and things the DOC would submit a report the next day.

Inspector #594 interviewed the DOC who stated that they were responsible for submitting reports to the Director. The DOC stated that in 2014 the manager on call schedule was updated to reflect that responsibilities to be shared amongst the senior management team. If staff had concerns they would contact the manager on call. The DOC further stated to the inspector that they weren't sure if staff would call the manager on call, as it was a learning process for all staff. The DOC verified the process to report an incident to the Director, as stated by staff #101, that staff would send an email to the DOC, and the DOC submits reports to the Director. If an incident occurred on the weekend, as told to the inspector by the DOC, the DOC would respond to the email from staff and would submit a Critical Incident Report on the Monday. [s. 107. (1) 5.]

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 the Director is immediately informed, in as much detail as possible in the circumstances of an outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act., to be implemented voluntarily.

WN #4: 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. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse of residents was complied with. During a tour of the home, Inspector #594 failed to identify the posting of the home's policy to promote zero tolerance of abuse and neglect. The inspector interviewed Staff #104 who stated the policy was posted across from the nursing station. Staff #104 showed the inspector where it was to be posted, but stated that it was no longer available. Staff #105 verified to the inspector the policy had been removed by the DOC and Administrator a few months prior. Inspector #594 reviewed the home's Resident Abuse Prevention Policy #1-09 which stated the Administrator will ensure that the policy is posted in locations within the home that are accessible to the public. The DOC verified to Inspector #594 the home's Abuse policy had been removed.

Inspector #594 reviewed a Critical Incident Report submitted to the Director in 2014. According to the report, resident to resident abuse occurred in 2014. Resident #001 had complaints of pain and a raised contusion oozing a small amount of drainage. The inspector reviewed the home's policy titled Resident Abuse Prevention #1-09 which states any person witnessing or suspecting abuse contact the Home Administrator or delegate, or the Ministry of Health and Long-Term Care ACTION Line. According to the same policy a person who has reasonable grounds to suspect that any of the following has occurred or may occur must immediately report that suspicion and the information upon which the suspicion was based to the Director. The inspector reviewed the Critical Incident Report with the DOC who verified the Director was not informed immediately of abuse of a resident that resulted in risk of harm. [s. 20. (1)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home has a dining and snack service that includes communication of the seven-day menu to residents. During a tour of the home, Inspector #594 observed a seven-day menu titled Fall/Winter 2014, for the week January 19 – 25. Staff #105 verified to the inspector this was not the correct seven-day menu posted and that the Dietary Manager was on holidays. [s. 73. (1) 1.]

WN #6: 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 has failed to 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. Inspector #594 toured the home and failed to identify the posting of the home's policy to promote zero tolerance of abuse and neglect. The inspector interviewed Staff #104 who stated the policy was posted across from the nursing station but was no longer available. Staff #105 verified the policy had been removed by the DOC and Administrator a few months previous.

Inspector #594 reviewed the home's Resident Abuse Prevention Policy #1-09 which stated the Administrator will ensure that the policy is posted in locations within the home that are accessible to the public.

In an interview with the inspector, the DOC stated they and the Administrator toured the home and removed the Resident Abuse Prevention Policy. The DOC verified the home's policy to promote zero tolerance of abuse and neglect of residents failed to be posted in the home in a conspicuous and easily accessible location. [s. 79. (3) (c)]

2. The licensee has failed to ensure that an explanation of the protections afforded under section 26 (Whistle blowing) is posted in the home in a conspicuous and easily accessible location. Inspector #594 toured the home and failed to identify the posting of an explanation of the protections afforded under section 26. The inspector interviewed Staff #104 who stated the sign on whistle blowing was posted across from the nursing station but was no longer available. Staff #105 verified the policy had been removed by the DOC and Administrator a few months previous.

Inspector #594 reviewed the home's Resident Abuse Prevention Policy #1-09 which identifies and explains the protections afforded under section 26 and stated the Administrator will ensure that the policy is posted in locations within the home that are accessible to the public.

In an interview with the inspector, the DOC stated they and the Administrator toured the home and removed the Resident Abuse Prevention Policy. The DOC verified the home's policy to promote zero tolerance of abuse and neglect of residents failed to be posted in the home in a conspicuous and easily accessible location. [s. 79. (3) (p)]

Issued on this 24th day of March, 2015

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

Original report signed by the inspector.