



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 9, 2010	2010_132_8504_09Nov133326 2010_113_2824_09Nov103349	Complaint T0632

Licensee/Titulaire
The Jewish Home For The Aged

Long-Term Care Home/Foyer de soins de longue durée
Baycrest Centre Jewish H.F.A.

Name of Inspector(s)/Nom de l'inspecteur(s)
Rosemary Lam #132 , Jane Carruthers #113

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: Nurse Managers, Registered staff and Personal Support Workers on various units

During the course of the inspection, the inspector: reviewed relevant medical records, policies and procedure for reporting and responding to complaint of abuse.

The following Inspection Protocols were used in part or in whole during this inspection:

Wound and Skin Inspection Protocol
Prevention of Abuse, Neglect and Retaliation Inspection Protocol
Accommodation - Laundry Service

Findings of Non-Compliance were found during this inspection. The following actions were taken:

4 WN
4 VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire
 DR – Director Referral/Régisseur envoyé
 CO – Compliance Order/Ordres de conformité
 WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply LTCHA, 2007, c.8, s. 20 (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents, (b) shall clearly set out what constitutes abuse and neglect.

O.Reg. 79/10. 2. (1) For the purposes of the definition of "abuse" in subsection 2 (1) of the Act, "physical abuse" means, subject to subsection (2), (a) the use of physical force by anyone other than a resident that causes physical injury or pain.

Findings:

- The Licensee's policy VI-130 pg. 1 on definition of Abuse does not meet legislation requirement O.Reg. 79/10.2.(2) (a). when the Licensee defined abuse as "wilful, direct infliction of physical force causing injury or pain".

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 with ensuring the home's definition of abuse and staff's understanding are consistent with the Legislation and Regulation. This plan of correction is to be implemented voluntarily.

Inspector ID#: 132

WN # 2: The Licensee has failed to comply LTCHA, 2007, S.PO.2007, c.8, s. 24. 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

Findings:

The Licensee did not immediately report the alleged abuse and/or improper treatment of care incident to MOH until 6 days after the Licensee first became aware of the incident.

- Staff did not follow the home's policy VI-130 pg. 3 on procedure – General (5) to immediate report i) improper or incompetent treatment or care of a resident resulted in harm or a risk of

harm to the MOHLTC.

- A resident's family complained about alleged abuse and/or improper care, this was investigated 3 days later Staff member involved was given a verbal warning for not following the plan of care to provide care by 2 staff, unintentionally causing harm to the identified resident.
- The Licensee did not report to MOHLTC until 6 days later, using the critical incident report.

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 with ensuring staff understands reporting requirements for alleged abuse or improper treatment incidents. This plan of correction is to be implemented voluntarily.

Inspector ID#: 132

WN # 3: The Licensee has failed to comply LTCHA 2007, c. 8, s. 6

(1). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

(8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

(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, (c) care set out in the plan has not been effective.

Findings:

The Licensee redirected staff after this alleged abuse incident to provide care with 2 staff, however, the Licensee did not review the plan of care to ensure it consists of clear direction to staff to prevent future reoccurrences.

1. Staff interviewed continued to indicate one to two staff may provide care depending on the situation.
2. Current Care plan does not consist of preventive strategies to minimize injury during care. Ongoing bruises and skin tears of unknown cause, in July, Aug, Sept. 2010.
3. Previous March, 2010 Resident Assessment Profiles (RAP) strategic to reduce bruising and skin tear was discontinued on an unknown date without staff knowledge and input. RN indicated these strategies were discontinued as they were ineffective..
4. Contributing factors or probable causes for each bruising and skin tear incident was not identified. Reassessment of skin tears incidents was not done during June & September 2010 quarterly reviews, RAP not triggered for wound and skin tear.

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 with ensuring staff review, revise care plan strategies to address resident's ongoing care risks and communicate this to

the front line staff on a regular basis. This plan of correction is to be implemented voluntarily.

Inspector ID#: 132

WN # 4: The Licensee has failed to comply with LTCHA. 2007, c. 8, s. 79

(1). Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

(3) The required information for the purposes of subsections (1) and (2) is,

(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;

O. Reg. 79/10 225.

(1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following: (4) The Ministry's toll-free telephone number for making complaints about homes and its hours of service.

(2) The licensee shall ensure that the information referred to in clauses 79 (3) (a), (e), (f), (h), (i) and (j) of the Act, as well as the fundamental principle set out in section 1 of the Act and the telephone number referred to in paragraph 4 of subsection (1), is posted in print with a font size of at least 16

Findings:

Information regarding how to make complaint to the Director was not easily accessible by resident and their family. The Ministry's toll free telephone number for making complaints were not posted in large enough prints for easy access by resident and their family.

- 1) Hand out for new admissions and their families did not include: 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.
- 2) Telephone number for MOH info line was posted but in small, yellow color paper, size of 2X6 inches with a font size of approx 10. Although it was posted on bulletin board next to the elevator on most home areas, it was hidden behind other postings and making it inaccessible to residents and their family.
- 3) Telephone number for MOH info line was not posted on the main floor and was not available on 4 South.

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 with posting and making required information e.g. Written procedure for making complaint to Director and the Ministry's toll free telephone number in a conspicuous and easily accessible location and posted in



print with a font size of at least 16. This plan of correction is to be implemented voluntarily.

Inspector ID#: 132

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Rosemary Lam, Jane Carruthers

Title:

Date:

Date of Report: (if different from date(s) of inspection).

December 9, 2010

