



**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
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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
Jan 13, 16, 18, 19, 2012	2012_087128_0002	Critical Incident

Licensee/Titulaire de permis

BLUEWATER REST HOME INC.
37792 Zurich-Hensall Rd, RR #3, ZURICH, ON, N0M-2T0

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

BLUE WATER REST HOME
LOT 21, HWY 84, R. R. #3, ZURICH, ON, N0M-2T0

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

RUTH HILDEBRAND (128)

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 RAI Coordinator, Therapy Coordinator, Nutrition Manager, 2 Registered Nurses, 1 Registered Practical Nurse, 3 Personal Support Workers/Nurses Aides, 1 Dietary Aide and 1 resident. The Administrator and Director of Care spoke with the Inspector via telephone on January 16, 2012.

During the course of the inspection, the inspector(s) reviewed the Critical Incident and internal investigations, two residents' clinical records, policies and procedures related to Resident Abuse, training related to abuse and Residents' Rights, as well as posting of Residents' Rights, zero tolerance of abuse, and mandatory reporting.

Log # L-001970-11

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The serveries in both the Harvest and Sunset dining rooms were found open and unattended. There is a household stove in each servery that can be turned on.
An interview with the Nutrition Manager revealed that there is a "shut-off" for the stoves, but it is only shut off at the end of the day and not used at all times when the serveries are unattended. She confirmed that this is a potential safety risk as residents could turn the stoves on.

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 home is a safe environment for residents, to be implemented voluntarily.

WN #2: 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 subsections:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated;**
 - (b) shall clearly set out what constitutes abuse and neglect;**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
 - (f) shall set out the consequences for those who abuse or neglect residents;**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. A review of policy # ALLD-1-6, Zero Tolerance of Resident Abuse or Neglect, dated July 22, 2009 revealed that it does not provide for a program that complies with the Long-Term Care Homes Act (LTCHA) and regulations. The policy also does not contain an explanation of section 24 of the Act related to duty to make mandatory reports. The Director of Care acknowledged, January 18, 2012, via email that the policy was not in compliance with the LTCHA.

[LTCHA, 2007, S.O. 2007, c.8, s.20(2)(c) and (d)]

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 licensee's policy to promote zero tolerance of abuse and neglect of residents provides for a program that complies with the LTCHA and regulations for preventing abuse and neglect and contains an explanation of the duty to make mandatory reports, to be implemented voluntarily.

WN #3: 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 subsections:

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.**
- 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.**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.**
- 4. Misuse or misappropriation of a resident's money.**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).**

Findings/Faits saillants :

1. A review of the Critical Incident submission confirmed that an incident of resident to resident abuse occurred, but it was not reported to the MOHLTC until 4 days later.

A memorandum to all Registered Staff was written by the Director of Care. The memo acknowledged that the home "failed to report the abuse in accordance with the Legislation".

[LTCHA, 2007, S.O. 2007, c.8, 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 that abuse of a resident by anyone has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following subsections:

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.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits saillants :

1. During staff interviews, three staff stated that they had not received training related to abuse and neglect of residents. A review of the education records confirmed that there was no evidence to support that these staff had received training. An additional two staff members, who were interviewed, reported that they had received annual training but they indicated that they were not certain what they had been told about during their training. The education records confirmed that the two staff members had received annual training related to Zero Tolerance of Abuse and Neglect.

[LTCHA, 2007, S.O. 2007, c.8, s.76(2)3 and 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 all staff at the home have received training prior to performing their duties related to zero tolerance of abuse and neglect of residents and the duty to make mandatory reports, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. An unattended housekeeping cart containing hazardous chemicals, was observed in a dining room. A staff interview with a Registered Nurse confirmed that the home's expectation is that housekeeping carts are locked at all times when unattended.

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 all hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents



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Specifically failed to comply with the following subsections:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and

(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

Findings/Faits saillants :

1. A review of an abused resident's clinical record confirmed that the resident's substitute decision maker (SDM) was not notified until 4 days after being abused by another resident.

A staff interview with a Registered Nurse confirmed that the family was contacted as per the resident's clinical record.

[O.Reg.79/10, s.97 (1)(a)and (b)]

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 resident's SDM and

any other person specified by the resident are notified of any alleged, suspected or witnessed incidents of abuse or neglect of a resident, to be implemented voluntarily.

Issued on this 19th day of January, 2012

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

Ruth Hildebrand