



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 prévue 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 17, 18, 2012	2012_087128_0004	Critical Incident

Licensee/Titulaire de permis

MACGOWAN NURSING HOMES LTD
719 Josephine Street, P.O. Box 1060, WINGHAM, ON, N0G-2W0

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

BRAEMAR RETIREMENT CENTRE
719 Josephine Street North, R.R. #1, P.O. Box 1060, WINGHAM, ON, N0G-2W0

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 Administrator, Director of Care, the Director of Life Enrichment, 5 Personal Support Workers/Health Care Aides, 1 housekeeping aide, 1 family member and 4 residents.

During the course of the inspection, the inspector(s) reviewed the Critical Incident submission, the internal investigations, 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-001745-11

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

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. 19. Duty to protect
Specifically failed to comply with the following subsections:**

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. A review of the Critical Incident submission revealed that the home was investigating incidents of alleged/suspected abuse of a resident.
 Resident interviews were conducted in the home. One of the residents interviewed stated that two staff members had been abusive to him/her.
 Staff interviews, with the Administrator and Director of Care, confirmed that a resident was not protected from abuse by two identified staff in the home. They both acknowledged that disciplinary action of the staff members was taken related to incidents of abuse to the resident.

[LTCHA, 2007, S.O. 2007, c.8, s.19 (1)]

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 residents of the home are protected from abuse by anyone, 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).
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Findings/Faits saillants :

1. A review of policy # A-8, Resident Abuse and Neglect, dated June 2010 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 Administrator acknowledged, January 17, 2012, that the policy had not been updated since the LTCHA came into effect July 1, 2010.

[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. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following subsections:

- s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).
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Findings/Faits saillants :

1. A review of the Critical Incident submission confirmed that an investigation of abuse was initiated but the results of the investigation were not submitted to the MOHLTC.

During a staff interview with the Administrator, January 17, 2012, he acknowledged that he did not report the results of the abuse investigation to the Director.

[LTCHA, 2007, S.O. 2007, c.8, s.23 (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 the licensee reports the results of an investigation of abuse to the Director, to be implemented voluntarily.



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WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 98. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 79/10, s. 98.

Findings/Faits saillants :

1. A review of the Critical Incident submission confirmed that the appropriate police force was not notified of the alleged/suspected incidents of abuse.
Staff interviews with the Administrator and Director of Care, January 17, 2012, confirmed that the police were not notified related to incidents of abuse toward a resident by two staff members.

WN #5: 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).
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Findings/Faits saillants :

1. A review of the Critical Incident submission confirmed that an investigation of abuse was initiated but it was not reported to the MOHLTC until 7 days later.
During a staff interview with the Administrator, January 17, 2012, he acknowledged that he did not report the alleged/suspected abuse immediately to the Director after initially becoming aware of it.

[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.

Issued on this 18th day of January, 2012



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

Ruth Hildebrand