

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

Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 1, 2019	2019_617148_0029	016306-19, 019157-19	Complaint

Licensee/Titulaire de permis

The Glebe Centre Incorporated
950 Bank Street OTTAWA ON K1S 5G6

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

Glebe Centre
950 Bank Street OTTAWA ON K1S 5G6

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

AMANDA NIXON (148)

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): October 22, 23, and 24, 2019

This inspection included two complaint inspections; one related to the care of an identified resident and one related to alleged staff to resident abuse.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Executive Assistant, Director of Care, Manager of Nursing Care Operations, Director of Human Resources, Director of Quality Management, Social Services, Registered Nurses, Personal Support Workers (PSW) and residents.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Prevention of Abuse, Neglect and Retaliation**

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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).

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; 2007, c. 8, s. 20 (2).

(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).

(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).

(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).

(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).

(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).

(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

The licensee failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

In accordance with section 2 (1) of O. Regulations 79/10, “physical abuse” means, the use of physical force by anyone other than a resident that causes physical injury or pain.

A complaint was submitted to the Director on a specified date, describing that PSW #108 witnessed PSW #107 bend back the fingers of resident #001 during care, causing pain.

The licensee’s policy to promote zero tolerance of abuse and neglect of residents, titled Resident Abuse and Neglect (#RC 4.00.00, revised January 2018) directs employees to

report any witnessed or suspected alleged abuse to the nurse on duty.

Inspector #148 spoke with PSW #108 on October 22, 2019. During this interview the PSW indicated that the incident may have occurred two weeks prior to the complaint to the Director. PSW #108 recognized the incident as alleged abuse; the PSW confirmed that no report was made to the nurse on duty nor to any other supervisory staff member.

During the inspection it was determined that the licensee had not been made aware of the alleged incident of physical abuse prior to October 22, 2019, when the Director of Care was informed by the Inspector.

In addition, as described by the Resident Abuse and Neglect policy, staff training is to include training on the relationship between power imbalances between staff and resident and situations that may lead to abuse and neglect. The Director of Quality Management indicated that online courses are available for staff training that may cover power imbalances and situations that may lead to abuse, but that such courses are completed by staff on an as needed basis.

In review of PSW #107's annual training records, PSW #107 had not been provided with training on the relationship between power imbalances between staff and residents and situations that may lead to abuse and neglect.

In review of PSW #108's orientation training records, PSW #108 had not been provided with training on the relationship between power imbalances between staff and residents and situations that may lead to abuse and neglect.

The licensee failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents sets out the consequences for those who abuse or neglect residents.

The licensee's policy to promote zero tolerance of abuse and neglect of residents, was identified as the Resident Abuse and Neglect policy (#RC 4.00.00, revised January 2018).

The policy does not set out the consequences for those who abuse or neglect residents.

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 policy to promote zero tolerance of abuse and neglect of residents, is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 216. Training and orientation program

Specifically failed to comply with the following:

s. 216. (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 76 and 77 of the Act. O. Reg. 79/10, s. 216 (1).

Findings/Faits saillants :

The licensee has failed to ensure that staff are provided with training in the long-term care home's policy to promote zero tolerance of abuse and neglect of residents, annually.

In accordance with section 76 of the LTCHA, 2007, and section 219 of O. Regulation 79/10 every licensee shall ensure that all staff at the home have received training as required. This includes that no person performs their responsibilities before receiving training in the long-term care home's policy to promote zero tolerance of abuse and neglect of residents. Every licensee shall ensure that staff receive retraining in the policy to promote zero tolerance of abuse and neglect of residents, annually.

In discussion with the home's Director of Quality Management, staff are required to review, annually, the policy to promote zero tolerance of abuse and neglect of residents as posted online with Surge Learning. In addition, staff review an online training course titled, Resident Abuse and Neglect: A presentation by Surge Learning.

The policy posted for annual staff review, is titled Resident Abuse and Neglect #RC 08.03.02, last revised March 2017. This posted version is not the home's current policy to promote zero tolerance of abuse and neglect of residents. The posted policy for annual staff review lacks an explanation of section 24, consequences for those who abuse or neglect residents, procedures for investigating and responding to alleged incidents of abuse and neglect and procedures and interventions to assist and support residents who have been allegedly abused or neglected. These areas of required training are not covered by the online course.

In review of PSW #107's training records, PSW #107 had not been provided with annual training on the policy to promote zero tolerance of abuse and neglect of residents.

In this way, the annual training on the policy to promote zero tolerance of abuse and neglect of residents does not contain the required training in accordance with the LTCHA, 2007, nor was PSW #107 provided with annual training.

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 staff are provided with training in the policy to promote zero tolerance of abuse and neglect of residents, annually, 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:

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 :

The licensee failed to ensure that a person who has reasonable grounds to suspect abuse of a resident by anyone occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

In accordance with section 2 (1) of O. Regulations 79/10, “physical abuse” means, the use of physical force by anyone other than a resident that causes physical injury or pain.

A complaint was submitted to the Director on a specified date, describing that PSW #108 witnessed PSW #107 bend back the fingers of resident #001 during care, causing pain.

Inspector #148 spoke with PSW #108 on October 22, 2019. During this interview the PSW indicated that the incident may have occurred two weeks prior to the complaint to the Director.

In this way, the Director was not immediately informed of an alleged incident of physical abuse.

Issued on this 1st day of November, 2019

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

Original report signed by the inspector.