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

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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 25, 2017	2017_601532_0004	006661-17	Critical Incident System

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE FERGUS NURSING HOME
450 QUEEN STREET EAST FERGUS ON N1M 2Y7

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

NUZHAT UDDIN (532)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 29 and 31, 2017.

Critical Incident System (CIS) inspection 2603-000018-17 was related to Prevention of Abuse and Neglect.

During the course of the inspection, the inspector(s) spoke with the Administrator, former Administrator, Director of Nursing, Resident Care Coordinator, Registered Practical Nurses (RPN), Personal Support Workers (PSW), family and residents.

Inspector also toured the resident home areas, observed resident care provision; resident/staff interactions, reviewed relevant resident's clinical records, relevant policies and procedures, as well as notes pertaining to the inspection.

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

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **4 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (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,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs changed or care set out in the plan was no longer necessary.

A review of a Critical Incident Report identified an alleged incident between a staff and resident.

In an interview an identified Personal Support Worker (PSW) reported that they provided personal care to the identified residents by themselves.

The interventions in the Minimum Data Set (MDS) - Resident Assessment Instrument (RAI) did not match the plan of care.

This was discussed with the Director of Nursing (DON) and the Clinical Coordinator (CC). The DON acknowledged that the plan of care was not revised when the resident's care needs had changed.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be isolated and there was a history of ongoing non-compliance with a Voluntary Plan of Correction (VPC). [s. 6. (10) (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 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary, 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:

s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents was communicated to all staff, residents and SDMs.

A Critical Incident Report was submitted to the Ministry of Health and Long-Term Care related to an alleged incident between a staff and resident.

The alleged incident was reported by an identified resident to an identified contract employee.

In an interview the identified contract employee shared that the DON reviewed the reporting mechanisms in terms of abuse and instructed the identified contract employee to ensure that reporting of any allegations of abuse was immediate and that it was reported to the DON. The identified contract employee acknowledged that they did not recall anyone reviewing this with them prior to this alleged incident and they had been working at the home for an identified period of time.

Review of the home's policy on Abuse stated:
"Prospective/ New Employees":
"During recruitment interviews, candidates were to be informed of the company's approach to abuse."
"At the time of hiring the new employees were to receive the abuse educational package and were to sign the Acknowledgement Sheet indicating they have read and understood the policies."

There was no documented evidence to support that the contract employees received mandatory education related to abuse.

Former Administrator acknowledged the home did not offer education to the contract employees. Former Administrator shared that it was the responsibility of the contract company to provide the education to their employees.

Under the LTCHA 2007 "staff", in relation to a long-term care home, means "persons who work at the home, (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party."

Review of contract company Staff Orientation Policy, stated under Policies and Procedures of the Home:
"Home's responsibilities include:
-Ongoing communication of home policies and procedures."

The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents was communicated to all staff.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be isolated and there was a history of previous Written Notification (WN) in similar area. [s. 20. (3)]

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 communicated to all staff, residents and SDMs, to be implemented voluntarily.

WN #3: 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff received training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident, prior to performing their responsibilities.

A Critical Incident Report was submitted to the Ministry of Health and Long-Term Care related to an alleged incident between a staff and resident.

An identified contract employee of the home stated that they had been working at the home for an identified period of time, and had not received any abuse education from the home.

In an interview the identified contract employee shared that the DON reviewed the reporting mechanisms in terms of abuse however, they did not recall anyone reviewing this with them prior to this alleged incident and they had been working at the home for an

identified period of time.

There was no documented evidence to support that the contract employees received mandatory education related to abuse.

Review of contract company New Staff Orientation Policy, stated under Policies and Procedures of the Home:
"Home’s responsibilities include:
-"Any home specific orientation (including health and safety and site specific emergency procedures)."
-"Ongoing communication of home policies and procedures."
-"Activity schedules."
-"Activation programs."
-"Computerized charting."
-"RAI-MDS Schedule."

Former Administrator said that the home did not offer any of the education to the contract employees and it was the responsibility of the contract company to provide the education to their employees.

The licensee has failed to ensure that staff receive training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident, prior to performing their responsibilities.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be isolated and there was a history of previous unrelated non-compliance. [s. 76. (2) 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 staff receive training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident, prior to performing their responsibilities, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:
1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).
2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff who provided direct care to residents, received training relating to abuse recognition and prevention:
• annually;
• as determined by the licensee, based on the assessed training needs of the individual staff member.

A Critical Incident Report was submitted to the Ministry of Health and Long-Term Care related to an alleged incident between a staff and resident.

An identified contract employee of the home stated that they had been working at the home for an identified period of time, and that they had not attended any education on abuse.

There was no documented evidence to support that the identified staff received abuse training.

Review of Contract Company Seniors Wellness New Staff Orientation Policy, stated under Policies and Procedures of the Home:
"Home’s responsibilities include:
-"Any home specific orientation (including health and safety and site specific emergency procedures)."
-"Ongoing communication of home policies and procedures."
-"Activity schedules."
-"Activation programs."
-"Computerized charting."
-"RAI-MDS Schedule."

Former Administrator said that the home did not offer any education to the contract employees and it was the responsibility of the contract company to provide the education to their employees.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be isolated and there was a history of previous Written Notification (WN) in similar area. [s. 221. (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 all staff who provide direct care to residents, receive training relating to abuse recognition and prevention:
• annually, or
• as determined by the licensee, based on the assessed training needs of the individual staff member, to be implemented voluntarily.

WN #5: 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. The licensee has failed to ensure that the appropriate police force was 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.

A Critical Incident Report was submitted to Ministry of Health and Long-Term Care related to an alleged incident between a staff and resident.

Review of the home's policy stated that "The DON/Administrator will immediately notify the police of the alleged, suspected or witnessed incident of abuse or neglect."

The former Administrator acknowledged that the police force was not notified immediately as the home required time to investigate the allegations.

The police force was notified four days after the home becoming aware of the alleged incident.

The severity of this area of non-compliance was minimal harm. The scope was determined to be isolated to this one resident. There was a history of previous unrelated non-compliance. [s. 98.]

Issued on this 6th day of June, 2017

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

Original report signed by the inspector.