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 sions 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
Jul 13, 2016	2016_270531_0023	012814-16	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 MARMORA
58 BURSTHALL STREET P.O. BOX 429 MARMORA ON K0K 2M0

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

SUSAN DONNAN (531)

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): July 4 and 5, 2016

Log # 012814-16 alleged staff to resident abuse.

During the course of the inspection, the inspector(s) spoke with to residents, resident decision makers, personal support workers, registered practical nurses, registered nurses and the Administrator.
During the course of the inspection, the inspector toured the home, reviewed resident health care records, observed resident care and services and reviewed appropriate policies and procedures.

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

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 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. 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).

Findings/Faits saillants :

1. . The licensee has failed to comply with LTCHA 2007, s. 20. (1) whereby the written policy to promote zero tolerance of abuse and neglect of residents was not complied with.

Under O. Reg.79/10 s. 2 (1) physical abuse is defined as the use of physical force by anyone other than a resident that causes physical injury or pain.

Review of the "Abuse and Neglect Policy:
Titled: mandatory reporting:
#1. All cases of suspected or actual abuse must be reported immediately in written form to the DON/Administrator. In the absence of management staff, concerns should be reported immediately to the nurse in charge, who will notify management on call.

PSW #104 was interviewed and indicated that on April 3, 2016 while transporting a resident from the main dining room at approximately 1300 hours she and two co-workers (PSW #100 and #102) observed PSW #108 in the hall standing behind resident #001, arms around resident #001's mid-section holding the resident's hands while moving resident #001 down the hall which caused pain to the resident. PSW #104 indicated that she had not immediately report the incident to the nurse in charge on the day shift as per policy.

PSW #100 and #102 were interviewed and indicated that they observed PSW #108 standing behind resident #001 with her arms around resident #001's mid-section while moving resident #001 down the hall. They both indicated they did not report the incident as they both understood from their discussion with PSW #104 that she had reported the incident to the charge nurse.

On July 4, 2016 during an interview with RN #103 she indicated that she was in charge on April 3, 2016 and was not aware of the incident until April 14, 2016 when the Administrator informed her.

Subsequently the Administrator was interview and she acknowledged that the home's written policy to promote zero tolerance of abuse and neglect of residents was not complied with because PSW #100, 102 and 104 did not immediately report the incident to the nurse in charge. The Administrator confirmed that all staff involved have been re-educated in the abuse policy and immediately reporting. [s. 20. (1)]

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Issued on this 13th day of July, 2016

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

Original report signed by the inspector.