

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
Oct 22, 2019	2019_819524_0005	017389-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

INA REYNOLDS (524)

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 3 and 4, 2019.

**The following complaint intake was included within this inspection:
#IL-70024-LO / Log #017389-19 related to refusal of admission.**

During the course of the inspection, the inspector(s) spoke with the Director of Care, an Associate Director of Care, the Social Worker / Behavioural Support Ontario (BSO) Lead, a BSO-Personal Support Worker and a Local Health Integration Network (LHIN) Care Coordinator.

The inspector also reviewed health records and other relevant documentation.

**The following Inspection Protocols were used during this inspection:
Admission and Discharge**

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

1 WN(s)

1 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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home approved the applicant's admission to the home unless, (a) the home lacked the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances existed which are provided for in the regulations as being a ground for withholding approval.

This inspection was initiated as a result of a complaint received by the Ministry of Long-Term Care on a specific date, as related to the long term stay admission refusal of an identified applicant.

During a telephone conversation with the applicant's Care Coordinator (CC) #101 from the South West Local Health Integration Network (LHIN), they said that the home had refused the long stay application and they had submitted the complaint based on behalf of the applicant. CC #101 said that the applicant presented with responsive behaviours and they had documented all behaviours on the long stay application. In addition, the applicant had been recently reassessed by CC #101 and there was now a new recommendation included from the Behaviour Response Team (BRT).

Care Coordinator #101 said that the applicant was accepted to several different homes however Dearness Home was the first choice for the applicant. CC #101 said they had asked for a conference with the home but had not heard from any one. They said they had received a refusal letter on a specific date, that stated the reason for the refusal was

that the home did not have the nursing capacity to take care of the applicant. The applicant was currently living at home and CC #101 was hoping to get a crisis bed for them.

The long stay application documentation was reviewed by the inspector during the inspection including a Behavioural Assessment Tool and progress notes from the Behavioural Response Team. A bed refusal letter stated that, “we are unable to offer admission at this time. Unfortunately, the home lacks the nursing expertise required to manage your mental health care and behavioural needs as they relate to episodes of physical aggression. Therefore, at this point in time we are not confident, that we will be able to ensure the safety of yourself, other residents, staff, and visitors.”

In an interview, Behavioural Supports Ontario (BSO) Personal Support Worker (PSW) #108 said the home has an interdisciplinary BSO team. They have a referral process for BSO, and any staff can refer to BSO to help manage residents with responsive behaviours.

In an interview, Associate Director of Care (ADOC) #102 said that they were responsible for reviewing applications for admission and accepting or refusing them. They said that the applicant was refused long stay admission as they were not a suitable candidate for the home as there were challenges related to their responsive behaviours. When the inspector asked the ADOC if the home currently had residents with agitation, verbal and physical aggression or were refusing care, they said yes. When asked if they were managing these residents and their responsive behaviours with the staff of the home and the home's BSO program, they said yes but it was a struggle. The home had identified secured units for those resident's with dementias.

In an interview, Social Worker-BSO Lead #104 said that the applicant was refused admission as the applicant's risks had not been mitigated as related to episodes of physical aggression they presented at the time. Social Worker-BSO Lead #104 said that the home does have a BSO program internally and received support from external resources such as the Behavioural Response Team (BRT) to assist them in managing residents with responsive behaviours. Social Worker-BSO Lead #104 said that all staff in the home had Gentle Persuasive Approach (GPA) training. Gentle Persuasive Approach (GPA) training was a training program that helped care providers understand and deliver care to individuals with dementia and looked at ways to mitigate risk.

In an interview, Director of Care (DOC) #100 stated that training was provided that

included techniques and approaches related to responsive behaviours. The training was provided annually through mandatory education and GPA sessions were offered at different times of the year for all staff. The Behavioural Support Ontario (BSO) team would also provide on the spot training on the units and specific to the resident to help reduce responsive behaviours. The DOC said that some of the staff had P.I.E.C.E.S. (Physical. Intellectual. Emotional. Capabilities. Environmental. Social assessment) and U-First training and had Mental Health First Aid certification. The DOC acknowledged that the direct care staff had the training and expertise in dealing with responsive behaviours, including aggressive behaviours.

DOC #100 acknowledged that written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours were developed to meet the needs of residents with responsive behaviours. The DOC acknowledged written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours, as well as resident monitoring and internal reporting protocols were developed to meet the needs of residents with responsive behaviours. The DOC stated the home had protocols for the referral of residents to specialized resources to meet the needs of residents with responsive behaviours.

The licensee has failed to approve the applicant's admission to the home. The home did not demonstrate grounds for the refusal based on the lack of physical facilities necessary to meet the applicant's care requirements and the DOC acknowledged that staff had the nursing expertise necessary to meet the applicant's care requirements related to responsive behaviours. DOC #100 acknowledged the refusal to admit the applicant, however was not able to validate the legislative rationale for the refusal as to how the physical facility and staff expertise were unable to meet the needs of the applicant. [s. 44. (7)]

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 approves the applicant's admission to the home unless, (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.

Issued on this 23rd day of October, 2019

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

Original report signed by the inspector.