



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 4, 2013	2013_215123_0015	H-000115- 13,H-000330 -13	Complaint

Licensee/Titulaire de permis

HOLLAND CHRISTIAN HOMES INC
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7

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

FAITH MANOR NURSING HOME
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7

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

MELODY GRAY (123)

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): June 7, 11, 12, 13, 14, 17, 18, 19, 20 and 21, 2013.

Concurrent inspection: 2013_215123_0014/H-000320-13,H-000378-13

During the course of the inspection, the inspector(s) spoke with the home's management team, social worker, registered staff, personal support workers, maintenance staff, residents, family member, and mobility equipment service representative.

During the course of the inspection, the inspector(s) reviewed documents including the home's abuse and complaints policies and procedures, home's investigation records, staff in-service education records, the home's complaints record, the resident's record, equipment service record, observed staff-resident interactions, staff response to residents' call-bells and requests for assistance, medication administration, and posted information throughout the home.

The following Inspection Protocols were used during this inspection:

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 :



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1. The licensee failed to ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and that the policy is complied with. The resident's record was reviewed including the progress notes and it is noted that a family member of an identified resident reported to the home's Director of Resident Care (DRC) and to a registered staff member the concerns related to the resident's wheelchair being broken. The registered staff also noted that the family member stated that they went to speak with the manager of another department about the concerns. Incident Report completed by the DRC in relation to the concerns expressed by the resident's family member was reviewed and it is noted that the resident's family member expressed these concerns about the resident's wheelchair. The DRC also notes that she reassured the resident and family member. The DRC was interviewed and reported that she was not aware of the full details of the family member's concern when they reported that the resident's wheelchair was broken. The DRC also reports that the registered staff or the other manager did not inform her of the family member's concern. The registered staff who documented the family member's concern in the resident's progress notes was interviewed and reports actions were not taken as per the home's policies and procedures. The staff members of another department were interviewed and one of the staff members recalled over-hearing the family member of the identified resident reporting their concerns about the resident's wheelchair being broken. The staff member of another department was interviewed and denies any knowledge of the complainant's concerns or of being informed by anyone in the home of the family member's concerns.



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The home's six abuse policies and procedures provided to inspector: #50-07-01 Abuse Prevention; #50-07-05 Resident Abuse and Neglect; #50-07-06 Reporting of Resident Abuse or Neglect; #50-07-08 Investigation of Resident Abuse or Neglect; #60-18-04 Resident Abuse; and #72-02-19 Prevention, Reporting and Elimination of Abuse were reviewed.

The home did not follow its abuse policies and procedures related to the incident. Policy #72-02-19 Prevention, Reporting and Elimination of Abuse indicates that: On becoming aware of abuse or suspected abuse, the first person having knowledge of this shall immediately inform the Executive Director or if not available, the Director of Resident Care/or alternate. The DRC denied that the registered staff or the other department manager informed her of the family member's concern. The policy states that the Charge Nurse is to obtain a signed written statement from every person witnessing/having knowledge of the abuse including the resident or staff and this was not done. The policy states that the Director of Resident Care (DRC) is to send the alleged abuser home with or without pay pending the investigation and this was not done in relation to the incident. The policy states that the DRC is to notify the local police, and the union. This was not done. The policy also requires that the DRC convene an Investigation Committee who will at minimum interview any staff member/visitor that may be involved or that may have information regarding the incident; document all findings further to the interviews and that staff are to immediately record their perceptions of the incident for further referral if necessary. These actions were not taken by the DRC. Policy # 50-07-08 Investigation of Resident Abuse or Neglect states that: Upon receiving allegation of abuse or neglect, the Director of Resident Care (DRC) or Assistant Director of Resident Care (ADRC) will send the accused staff member home pending investigation; that the DRC or Designate will begin an investigation within one business day and will notify the members of the Abuse Investigation Team of the allegation. The policy also states that the DRC or ADRC, and the Social Worker will interview the resident and the staff member separately and bring written report to the team within 72 hours of commencing the investigation. These actions and others noted in the policy were not followed. [s. 20. (1)]



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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 with ensuring 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., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system; that the plan, policy, protocol, procedure, strategy or system, is in compliance with and is implemented in accordance with applicable requirements under the Act; and is complied with. The home's Policy #50-07-06 Reporting of Resident Abuse or Neglect states that the home's Director of Resident Care (DRC) or designate will submit a report to the Ministry of Health and Long-Term Care within 48 hours by Critical Incident System (CIS) or by telephone on the week-end or holiday. This conflicts with the requirements of the Act. The LTCHA, 2007, c.8, s. 24(1). states that: 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 on which it is based to the Director: (2) Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident. The policy also states that: The DRC or designate will notify the police in all confirmed cases of abuse or neglect of a resident that may constitute a criminal offence. (LTCHA Reg 79/10, s. 98). The LTCHA, Reg. 79/10, s.98 states that: The 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. The home's policy #60-18-04 Resident Abuse provides definitions of abuse. In the Definitions as per the Ministry of Health and Long-Term Care section it includes the definition of abuse: Abuse of a resident means any action or inaction, misuse of power and/or betrayal of trust or a failure to demonstrate respect by a person against a resident, that the person knew or ought to have known would cause or could reasonably be expected to cause harm to the resident's health, safety or well-being. (Reference MOHLTC 2004). This is not the current definition provided in LTCHA Reg. 79/10, s. 2.

The home's Complaint Handling policy and procedure # 60-05-10 was reviewed and it is not in compliance with the requirements under the Act as the procedures do not incorporate the requirements set out in O. Reg. 79/10, s.101. It primarily provides information on how the family members of residents should be instructed to direct their concerns. The scope of the policy is limited to concerns from family members of residents only and it does not include the required time-frames for the licensee to address written or verbal complaints. The policy does not state that; where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately and that a response should be provided within 10 business days of receipt of the complaint or how the licensee shall deal with



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complaints that cannot be investigated and resolved within 10 business days. Also, it does not state information to be included in the response to the person who made the complaint including; indicating what the licensee had done to resolve the complaint, or that the licensee believes the complaint to be unfounded and the reasons for the belief. Also, the policy does not contain information related to the licensee ensuring that the documented record of complaints is reviewed and analyzed for trends at least quarterly, that the results of the review and analysis are taken into account in determining what improvements are required in the home; and that a written record is kept of each review and of the improvements made in response.

The home's Complaint Handling policy and procedure #60-05-10 was not followed in addressing a family member's concern. The policy states that instructions provided to the family members of the residents on how to direct their concerns include the following: Speak to the charge nurse on the floor; If the concern is not resolved the family members should direct the concern verbally, in writing or by email to the Director of Resident Care or Assistant Director of Care: If the concern is not resolved, it should be directed in writing to the Administrator/Executive Director. The policy also states that a record of all complaints received and action taken shall be maintained in the Nursing Administration Office for a period of seven years.

The record of the identified resident was reviewed and it is noted that a family member of the resident verbally reported a concern to a registered staff and to the Director of Resident Care (DRC). Interview with staff of other department indicates that the concern was verbally reported to the manager of that department by the resident's family member. The DRC was interviewed and reported that she was not made aware of the full details of the concern by the resident's family member at that time and that neither the manager of another department or the registered staff followed the home's policies as it was not brought to her attention. However, the DRC did complete an incident report which includes the concerns identified by the family member. The home's complaint's concerns records were reviewed and did not contain documentation related to the concerns expressed by the resident's family member. [s. 8. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 63. Every licensee of a long-term care home shall ensure that social workers or social service workers who provide services in the home are registered under the Social Work and Social Service Work Act, 1998. O. Reg. 79/10, s. 63.



Findings/Faits saillants :

1. The licensee failed to ensure that social workers or social service workers who provide services in the home are registered under the Social Work and Social Service Work Act, 1998. The home's Social Worker was interviewed and confirms that they are not registered under the Social Work and Social Service Work Act, 1998. [s. 63.]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3):

Findings/Faits saillants :

1. The licensee failed to ensure that a written record is kept of each quarterly review and analysis of the home's complaints record and of the results and improvements made in response.

(c)The Long-term Care Home Inspector requested on multiple occasions, the home's written records of the quarterly review and analysis of the home's complaints record and the results and improvements made in response. Requested information was not provided by the licensee. [s. 101. (3)]



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Issued on this 4th day of September, 2013

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

M. GRAY