



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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
Jan 30, 2015	2014_283544_0034	S-000401-14, 000514-14	Critical Incident System

Licensee/Titulaire de permis

FINLANDIA NURSING HOME LIMITED
c/o Sudbury Finnish Rest Home 233 Fourth Avenue SUDBURY ON P3B 4C3

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

FINLANDIA HOIVAKOTI NURSING HOME LIMITED
233 FOURTH AVENUE SUDBURY ON P3B 4C3

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

FRANCA MCMILLAN (544)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 22 and 23, 2014 related to:

Log # S- 000401-14

Log # S- 000514-14

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered Staff, Personal Support Workers (PSWs), Residents and Families.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Inspector # 544 reviewed a Critical Incident Report which identified that Resident # 003 told Staff # 204 that Staff # 200 used profanity and verbally abused Resident # 003. Staff # 204 did not report this incident to the charge nurse immediately. The charge nurse reported this to Staff # 101 a few days later.

An investigation conducted by Staff # 101 found that the staff involved stated that they did not hear the verbal abuse by Staff # 200 to Resident # 003. Staff # 101, told the Inspector, they felt a Critical Incident report was not indicated at that time.

Staff # 201, who witnessed the incident, recalled the incident and told Staff # 101, 4 weeks after the incident, that they did hear Staff # 200 being verbally abusive and used profane language towards Resident # 003.

Staff # 201 told Staff # 101 that they thought that Staff # 101 would have received this information through someone else.

Staff # 101 interviewed Staff # 200. According to the Staff # 101, Staff # 200 denied making such a rude and profane statement to Resident # 003.

Staff # 101 told Inspector # 544 that they interviewed Staff # 200 again and that Staff # 200 was going to be terminated at that time. Staff # 200 stated that they were resigning immediately from their position and employment at the home.

In a letter to Staff # 200, Staff # 101 confirmed that Staff # 200 had resigned their position at the home effective immediately.

Inspector # 544 reviewed the home's Policy regarding Abuse and Neglect Policy ID- 20 Effective December 2011 and it stated, "any employee who witnesses, or becomes aware of or suspects a resident abuse or neglect, shall report it immediately to the Administrator/designate, who will conduct a thorough and confidential investigation." The policy also addresses the immediate reporting to the Director, under Section 24 of the LTCHA, "Reporting Certain Matters to the Director (MOHLTC)."

This policy regarding the immediate reporting to the Director, was not complied with.

The licensee failed to ensure the written policy to promote zero tolerance of abuse and neglect of residents was complied with. [s. 20. (1)]

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 written policy that promotes zero tolerance of abuse and neglect is complied with, to be implemented voluntarily.

WN #2: 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 :

- 1. A Critical Incident report was submitted to the Director and reviewed by Inspector # 544.**

Resident # 003 told Staff # 204 that Staff # 200 used profanity and verbally abused Resident # 003. Staff # 204 did not report this incident to the charge nurse until a few days later. The charge nurse then reported this to Staff # 101 on the same day that they were made aware.

Through conversations by Staff # 101, with staff, and over the course of two investigations, it was confirmed that Staff # 200 did speak in a profane manner to



Resident # 003.

Inspector # 544 interviewed Staff # 101, who told Inspector, that the incident was initially brought to their attention two days after it occurred.

Staff # 101 told Inspector, that through the first investigation, they found that this alleged abuse did not take place because the staff involved were interviewed and said that they did not hear the abusive language from Staff # 200.

Four weeks later, Staff # 201 informed Staff # 101 that they recalled the incident whereby Staff # 200 was verbally abusive to Resident # 003.

Staff # 101 told Inspector # 544 that they launched a second investigation and interviewed Staff # 200. According to Staff # 101, Staff # 200 denied making such a rude and profane statement to Resident # 003.

Staff # 101 interviewed Staff # 200 again, and told Inspector that Staff # 200 was going to be terminated at that time. Staff # 200 told Staff # 101 that they were resigning immediately from their position and employment at the home.

Staff # 101 wrote a letter to Staff # 200 confirming that Staff # 200 had resigned their position at the home effective immediately.

Inspector # 544 reviewed the home's Policy regarding Abuse and Neglect Policy ID- 20 Effective December 2011 and it stated, "any employee who witnesses, or becomes aware of or suspects a resident abuse or neglect, shall report it immediately to the Administrator/designate, who will conduct a thorough and confidential investigation." The policy also addresses the immediate reporting to the Director, under Section 24 of the LTCHA, "Reporting Certain Matters to the Director (MOHLTC)."

The verbal abuse of Resident # 003, by Staff # 200, was not reported to the Director immediately as required.

The licensee has failed to ensure that the person who had reasonable grounds to suspect abuse of a resident by anyone, immediately reported the suspicion and the information upon which it was based, to the Director. [s. 24. (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 to ensure that the person who has reasonable grounds to suspect abuse of a resident by anyone, immediately reports the suspicion and the information upon which it was based, to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.
O. Reg. 79/10, s. 49 (2).**

Findings/Faits saillants :



1. According to a Critical Incident report, Resident # 002 had a fall that resulted in a fracture and a significant change in their condition.

Resident # 002 was taken to hospital and had surgery to repair the fracture.

Inspector # 544 reviewed Resident # 002's health care record including the progress notes and plan of care. Inspector # 544 could find no documentation to support that a post falls assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

In an interview, Staff # 101, told Inspector # 544 that the home does not use a clinically appropriate assessment instrument that is specifically designed for falls. Instead, Staff # 101 had instructed staff, when a resident has had a fall, to document in the progress notes (as an assessment) and then conduct a post falls investigation and complete a Morse Falls Scale assessment. Documentation, under the Risk Management Tab in Point Click Care,(PCC), is also to be completed.

Inspector # 544 reviewed the assessments mentioned above. The documentation under these assessments did not include a post falls assessment using a clinically appropriate assessment instrument that is specifically designed for falls.

This was also confirmed by Staff # 103.

The licensee has failed to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post falls assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. [s. 49. (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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post falls assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.



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Issued on this 3rd day of February, 2015

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

Original report signed by the inspector.