



**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**

Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

**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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 16, 2014	2014_282543_0001	S-000198-13	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

TIFFANY BOUCHER (543)

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): January 7th, 8th & 9th, 2014

Ministry of Health and Long Term Care (MOHLTC) Log #s: S-000198-13; S-000255-13; S-000308-13; S-000523-13

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and Residents.

During the course of the inspection, the inspector(s) conducted a tour of all resident home areas, observed the provision of care to residents, observed interactions between staff members and residents, reviewed residents' health care records and reviewed various home policies and procedures.

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

Findings of Non-Compliance were found during this inspection.



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.) 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



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1. On January 8th, 2014, Inspector observed resident #004 sitting up in wheelchair. No sling was observed to be placed under resident. Resident's care plan was updated on December 13th, 2013 and stated "Do not remove sling from under resident when in wheelchair due to skin issues". Inspector brought Assistant Director of Care to see resident and it was confirmed that the staff was to follow interventions specified in resident's care plan.

On January 8th, 2014, the Assistant Director of Care (ADOC) informed Inspector that she spoke with staff caring for resident #004 and was notified that the resident requested that the sling be removed. The ADOC informed Inspector #543 that the care plan will be updated accordingly.

The licensee did not ensure that the care was provided to the resident as specified in the plan. [s. 6. (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 resident #004 is provided the care as set out in the plan of care, 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. (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. On May 14th, 2013, the management became aware of allegations, from a staff member of verbal abuse, towards a resident by a staff member of the home. It was identified that the alleged abuse occurred in February 2013. A meeting was held on May 16th, 2013 between management and the staff member alleged to have abused a resident and allegations were discussed. Inspector #543 reviewed the Home's policy, "Resident Abuse and Neglect-Zero Tolerance (#ID-20)". The policy instructs any employee who witnesses, or becomes aware of, or suspects resident abuse or neglect to report it immediately to the Administrator/designate who will conduct a thorough and confidential investigation. [s. 20. (1)]

2. On June 20th, 2013 the management became aware of allegations, from a staff member of verbal abuse towards a resident by a staff member of the home. It was identified that the incident occurred approximately one week prior to the allegations being brought forward to management's attention . A meeting was held on June 24th, 2013 between management and the staff member alleged to have abused a resident and allegations were discussed. Inspector #543 reviewed the Home's policy, "Resident Abuse and Neglect-Zero Tolerance (#ID-20)". The policy instructs any employee who witnesses, or becomes aware of, or suspects resident abuse or neglect to report it immediately to the Administrator/designate who will conduct a thorough and confidential investigation. [s. 20. (1)]

3. On July 10th, 2013, the management became aware of allegations, from a staff member, of verbal abuse towards a resident by a staff member of the home. It was identified that incident occurred on July 7th, 2013 and not brought forward to the management's attention until July 10th, 2013. A meeting was held on July 10th, 2013 between management and the staff member alleged to have abused a resident and allegations were discussed. Inspector #543 reviewed the Home's policy, "Resident Abuse and Neglect-Zero Tolerance (#ID-20)". The policy instructs any employee who witnesses, or becomes aware of, or suspects resident abuse or neglect to report it immediately to the Administrator/designate who will conduct a thorough and confidential investigation.

The licensee failed to ensure that the Home's policy to promote zero tolerance of abuse and neglect was complied with . [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 to ensure that the Home's written policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 16th day of January, 2014

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

Tiffany Bucher (#543)