

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007 Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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'amélloration de la performance et de la

conformité

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### Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 14, 15, Oct 7, 2011	2011_027192_0037	Critical Incident
Licensee/Titulaire de permis		<del></del>
DEEM MANAGEMENT SERVICES LI 2 QUEEN STREET EAST, SUITE 150 Long-Term Care Home/Foyer de so	00, TORONTO, ON, M5C-3G5	·
HAMILTON CONTINUING CARE  125 WENTWORTH STREET SOUTH		
Name of Inspector(s)/Nom de l'insp	ecteur ou des inspecteurs	
DEBORA SAVILLE (192)		
	nspection Summary/Résumé de l'inspe	ection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Associate Director of Care, and Registered Practical Nurse related to H-000808-11.

During the course of the inspection, the inspector(s) reviewed medical records, policy and procedure, and training records.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legendé
WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 subsections:

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 homes policy Resident Abuse - revised July 2009 and reviewed January 2011 states "In all cases of assault the police must be notified of the incident." The policy defines Assault as - Attempting to apply force to a resident, or threatening (by act or gesture) to apply force to a resident in such a way that the resident can "reasonably" expect the threat or action to be carried out. Intentionally applying force to the resident, directly or indirectly, without the resident 's consent. A physical attack on the resident." The Critical Incident Report submitted to the Director indicates that a specified resident reported that a staff member had been abusive on multiple occasions. Discussion with the Administrator confirms that the police were not notified of a specific report.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (c) identifies measures and strategies to prevent abuse and neglect;
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
- (e) identifies the training and retraining requirements for all staff, including,
- (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
- (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants:



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- 1. Discussion with the Administrator confirms that the home's policy to promote zero tolerance of abuse and neglect of residents does not identify measures and strategies to prevent abuse and neglect.
- 2. Discussion with the Administrator confirms that the homes' policy to promote zero tolerance of abuse and neglect of residents does not identify training and retraining requirements for all staff including training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and situations that may lead to abuse and neglect and how to avoid such situations.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

# Findings/Faits saillants:

1. A specified resident reported emotional and physical abuse, that occurred on multiple occasions from an identified staff member. The home completed an investigation and confirmed that abuse did occur and actions were taken. Discussion with the Administrator and Assistant Director of Care confirm that the incidents reported are likely to have occurred and there is a prior history of inappropriate interaction with residents involving this staff member. The home failed to protect the specified resident from abuse.

#### 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 ensuring that residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff, to be implemented voluntarily.

Issued on this 16th day of September, 2011

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

Albra Jaule