



**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**

**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 # / Registre no	Type of Inspection / Genre d'inspection
May 5, 2017	2017_603194_0015	003477-17	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF HASTINGS
1M Manor Lane Box #758 BANCROFT ON K0L 1C0

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

HASTINGS MANOR HOME FOR THE AGED
476 DUNDAS STREET WEST P.O. BOX 458 BELLEVILLE ON K8N 5B2

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 1, 2 and 3, 2017

Inspected Log #003477-17 complaint related to resident care

During the course of the inspection, the inspector(s) spoke with Director of Nursing (DON), Assistant Directors of Nursing (ADON), Registered Physio Therapist (RPT), Registered Practical Nurse (RPN), Resident and Personal Support Worker

The inspector also review the clinical health records, appropriate policies, Physio therapy attendance records and observed staff to resident interaction.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Reporting and Complaints**

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

1 WN(s)

0 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>Legendé</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 O.Reg 79/10, s. 101. Dealing with complaints
Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,

- i. what the licensee has done to resolve the complaint, or**
- ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**



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Findings/Faits saillants :



1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home, has a response been made to the person who made the complaint, indicating:
 - i. what the licensee has done to resolve the complaint, or
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

Review of the licensee's policy "Policy/Procedure: Resident and Family Complaints" dated May 12, 2015 indicated;

APPENDIX A: Managing Complaints decision tree

Written or verbal complaint is received

- Acknowledge complaint. verify nature of the complaint with the complainant
 - the issues or basis of the complaint poses a risk of harm to one or more residents, or is related to resident care and operation of the home
 - investigation (verbal) complaint internally. Involve other team members as required.
- NOTE: this investigation must commence immediately where the complaint alleges harm or risk of harm to one or more residents
- has the complaint been investigated and resolved within 24 hours
 - communicate back (verbal or in writing) with complainant to indicate what was done to resolve complaint, or that the complaint was unfounded with reasons.
 - optional: homes may choose to retain a written record of the complaint and resolution.

Resident #002 is able to direct financial and care needs at the home. Resident #002 does have some difficulty at times with communication.

The progress notes for resident #002 for a period of four months were reviewed by inspector #194. On an identified date the RPN has documented that resident #002 reported that the staff had failed to provide care on the previous day. On a separate date the RPN has documented that resident #002 reported a second time that care was not provided. During interview with ADON #106 inspector #194 was informed that investigation into both complaints were initiated and resolved within the 24 hour period but resident #002 was not informed of the outcome of the investigations.

Resident #002 was not provided communication as to the outcome of the verbal complaints as per the licensee's policy. [s. 101. (1) 3.]



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Issued on this 8th day of May, 2017

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

Original report signed by the inspector.