



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

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

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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**Ministère de la Santé et des Soins de
longue durée**

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection April 6, 2011	Inspection No/ d'inspection 2011_157_9538_05Apr193543	Type of Inspection/Genre d'inspection Critical Incident Log # O-000739
Licensee/Titulaire The Corporation of the County of Hastings, 476 Dundas Street West, P.O. Box 458, Belleville, ON K8N 5B2 Fax 613-967-0128		
Long-Term Care Home/Foyer de soins de longue durée Hastings Manor, 476 Dundas Street West, P.O. Box 458, Belleville, ON K8N 5B2 Fax 613-967-0128		
Name of Inspector(s)/Nom de l'inspecteur(s) Pat Powers, #157		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with the Director of Care, one Registered Nurse (RN), one Registered Practical Nurse (RPN), one Personal Support Worker (PSW)
During the course of the inspection, the inspector observed the resident's clinical health records, the resident's room, the home's policies and procedures.

The following Inspection Protocols were used during this inspection:

- Minimizing of Restraining
- Critical Incident Response

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 5 WN
- 2 CO



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN # 1: The licensee has failed to comply with LTCHA, 2007, S.O.2007, c. 8, s.6 (1)(c) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. The written plan of care for an identified resident does not provide the goals the care is intended to achieve related to the restraining of the resident.
2. The written plan of care for an identified resident does not provide clear direction to staff for the purpose and use of a restraint.
3. The plan of care for an identified resident does not provide clear direction to staff and others providing care for managing safety risks for restraints related to physical conditions, incidents and behaviours.
4. The plan of care did not provide clear direction for monitoring an identified resident with a restraint.

Inspector ID #: 157

Additional Required Actions: CO #001

WN # 2: The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.29

- (1) Every licensee of a long term care home,
 - (a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
 - (b) shall ensure that the policy is complied with
- (2) The policy must comply with such requirements as may be provided for in the regulations

Findings:

1. There is no evidence that alternatives to restraints were considered and evaluated for an identified resident.
2. Restraint procedures in place in the home (facility policy RM-40) are not in accordance with the Act and regulations.
3. The Home's restraint policy RM-40 does not address who has the authority to apply or release a physical device.
4. The restraint policy RM-40 does not address protocols to ensure that all appropriate staff are aware at all times of when a resident is being restrained by a physical device.
5. The restraint policy RM-40 does not reflect the use of side rails as a restraint.
6. The restraint policy RM-40 and the home's practice does not indicate that the resident's condition is reassessed and the effectiveness of the restraining is evaluated by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff at least every

- eight hours, and at any other time when necessary based on the resident's condition or circumstances.
7. Restraint procedures do not provide documentation to indicate the circumstances precipitating the application of the physical device
 8. There is no provision in the home's restraint policy RM-40 for documentation of the person who applied the restraining device and the time of application and removal.
 9. There is no indication of documentation of assessment, reassessment of an identified resident's response to a restraint.
 10. There is no indication of documentation to indicate that the restraining device for an identified resident was released at least once every two hours.
 11. There is no evidence of an annual review of the restraint policy. The restraint policy RM-40 identifies the last review date as June 27, 2005. The DOC confirmed that the policy is currently under review.
 12. There is no evidence of a monthly analysis of the restraining of residents by use of a physical device.
 13. There is no evidence of an annual evaluation of the effectiveness of the licensee's restraint policy or that identified need for changes or improvements are promptly implemented.

Inspector ID #: 157

Additional Required Actions: CO # 002

WN # 3: The Licensee has failed to comply with O.Reg. 79/10, s.107

(1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

2. An unexpected or sudden death, including a death resulting from an accident or suicide.

(2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact.

Findings:

1. The MOHLTC was not immediately notified of the unexpected death of an identified resident.

Inspector ID #: 157

WN # 4: The Licensee has failed to comply with O.Reg. 79/10, s.109 Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

(b) duties and responsibilities of staff, including,

(i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,

(ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;

(d) types of physical devices permitted to be used;

(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation.

Findings:

1. The home's restraint policy does not address who has the authority to apply or release a physical device.

2. The home's restraint policy does not provide direction for protocols to ensure that all appropriate staff are aware at all times of when a resident is being restrained by a physical device.

3. The home's restraint policy states that the only restraints allowed in the home are Geriatric chairs (where tables are used as a restraint), crossover wheelchair belts and wheelchair belts that fasten in the front. The policy does not reflect the use of side rails as a restraint.

4. There is no reference to the LTCHA and Regulations in the home's restraint policy – the policy states its purpose "To ensure compliance with the Residents' Bill of Rights, the Canadian Charter of Rights and Freedom, Consent to Treatment Act, the Homes for the Aged and Rest Homes Act. Long Term Care



Facilities Program Manual and the Policies of Hastings/Quinte Long Term, Care Services.”

Inspector ID #: 157

WN # 5: The Licensee has failed to comply with O.Reg. 79/10, s.113

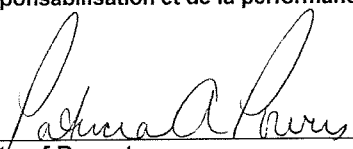
Every licensee of a long-term care home shall ensure,

- (a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis;
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 29 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- (d) that the changes or improvements under clause (b) are promptly implemented; and
- (e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the person who participated in the evaluation and the date that the changes were implemented is promptly prepared.

Findings:

1. There is no evidence of a monthly analysis of the restraining of residents by use of a physical device.
2. There is no evidence of an annual review of the home's restraint policy. The policy identifies the last review date as June 27, 2005. The DOC confirmed that this policy is currently under review.
3. In the absence of a review of the home's restraint policy, there have been no recommendations for changes or improvements. The failure of the policy to meet the requirements of the Act and Regulations has not been identified.

Inspector ID #: 157

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report:	
		April 26, 2011.	



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Pat Powers	Inspector ID # 157
Log #:	O-000739	
Inspection Report #:	2011_157_9538_05Apr193543	
Type of Inspection:	Critical Incident	
Date of Inspection:	April 6, 2011	
Licensee:	The Corporation of the County of Hastings 476 Dundas Street West P.O.Box 458 Belleville, ON K8N 5B2 Fax: 613-967-0128	
LTC Home:	Hastings Manor 476 Dundas Street West P.O.Box 458 Belleville, ON K8N 5B2 Fax 613-967-0128	
Name of Administrator:	Claudette Dignard-Remillard	

To The Corporation of the County of Hastings, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6			
(1) Every licensee of a long term care home shall ensure that there is a written plan of care for each resident that sets out,			
<ul style="list-style-type: none"> (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident 			
Order: The licensee shall ensure that the written plan of care for each resident establishes the planned care for the resident, the goals the care in intended to achieve and provides clear direction to staff and others providing care to the resident.			



<p>Grounds:</p> <ol style="list-style-type: none"> 1. The written plan of care for an identified resident did not provide the goals the care is intended to achieve related to the use of a restraint. 2. The plan of care for an identified resident did not provide clear direction to staff for the purpose and use of a restraint for an identified resident. 3. The plan of care for an identified resident did not provide clear direction to staff and others providing care for managing safety risks for restraints related to physical conditions, incidents and behaviours. 4. The plan of care did not provide clear direction for monitoring an identified resident with a restraint.

This order must be complied with by:	Immediately
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Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
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Pursuant to: The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.29

- (1) Every licensee of a long term care home,
 - (a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
 - (b) shall ensure that the policy is complied with
- (2) The policy must comply with such requirements as may be provided for in the regulations

Order: The licensee shall ensure that the home's policies, procedures and practices related to the use of restraints are in accordance with the requirements of the LTCHA and Regulations and shall ensure that the provisions of the policies and procedures are complied with.

Grounds:

1. There is no evidence that alternatives to restraints were considered and evaluated for an identified resident.
2. Restraint procedures in place in the home (facility policy RM-40) are not in accordance with the Act and regulations.
3. The Home's restraint policy RM-40 does not address who has the authority to apply or release a physical device.
4. The restraint policy RM-40 does not address protocols to ensure that all appropriate staff are aware at all times of when a resident is being restrained by a physical device.
5. The restraint policy RM-40 does not reflect the use of side rails as a restraint.
6. The restraint policy RM-40 and the home's practice does not indicate that the resident's condition is reassessed and the effectiveness of the restraining is evaluated by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.
7. Restraint procedures do not provide documentation to indicate the circumstances precipitating the application of a physical device.



8. There is no provision in the home's restraint policy RM-40 for documentation of the person who applied the restraining device and the time of application and removal.
9. There is no indication of documentation of assessment, reassessment of an identified resident's response to a restraint.
10. There is no indication of documentation to indicate that the restraining device for an identified resident was released at least once every two hours.
11. There is no evidence of an annual review of the restraint policy. The restraint policy RM-40 identifies the last review date as June 27, 2005. The DOC confirmed that the policy is currently under review.
12. There is no evidence of a monthly analysis of the restraining of residents by use of a physical device.
13. There is no evidence of an annual evaluation of the effectiveness of the licensee's restraint policy or that identified need for changes or improvements are promptly implemented.

This order must be complied with by: Immediately

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

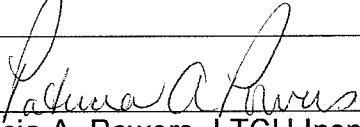
Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 13 day of April, 2011 Amended April 20, 2011	
Signature of Inspector:	
Name of Inspector:	Patricia A. Powers, LTCH Inspector-Nursing
Service Area Office:	Ottawa Service Area Office