



**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**

**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
Oct 31, 2014	2014_215123_0017	H-000332-14	Critical Incident System

Licensee/Titulaire de permis

SIX NATIONS OF THE GRAND RIVER
1745 Chiefswood Road P.O. Box 5000 Ohsweken ON N0A 1M0

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

IROQUOIS LODGE NURSING HOME
1755 Chiefswood Road P.O. Box 309 Ohsweken ON N0A 1M0

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

MELODY GRAY (123)

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): October 29, 2014

During the course of the inspection, the inspector(s) spoke with residents, housekeeping staff member, personal support workers, registered staff members, Resident Assessment Instrument Coordinator and the Administrator.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Responsive Behaviours**

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

3 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with as evidenced by:

1. The home's policy and procedures Complaint-Concerns Process #4.2.10 revised July, 2010 was reviewed and included: "Every written or verbal complaint made to a staff member concerning the care of a resident or operation of the home is dealt with as follows: Any staff member who receives a question, concern or complaint shall obtain the Suggestions, Concerns and Complaint Form and provide the form to the resident, family member, visitor, or volunteer. The staff member will assist the resident, family member, visitor or volunteer with completing the form."

The policy also included: "The Manager/Supervisor who investigates the issue is required to document the investigation." "The Suggestion, Concerns and Complaint Forms shall be kept in the Administrator's Office in a binder for review by Ministry of Health and Long-Term Care staff as requested."

The home's Critical Incident report was reviewed and it was noted that in May, 2014 identified residents attempted to bring a concern related to an alleged abuse forward to a staff member. The residents were referred to the Manager to whom they later reported their concerns.

The home's Suggestion, Concerns and Complaint binder was reviewed and it did not include documentation of the residents' concern or of the home's investigation as per the home's policies and procedure.

The Administrator was requested to provide documentation related to the residents' concern as per the home's policy and procedures and it was not produced. The Administrator confirmed that the documentation as per the home's policy and procedure was not available.

2. The home's policy and procedures Abuse Prevention #4.1.2, revised May, 2010 was reviewed and it included: "This policy delineates actions to be taken by staff where alleged/actual abuse has occurred regarding resident toward resident on the premise of



our facility and or any activity sponsored by our facility." It also included: "The Administrator of designate shall ensure that the incident is reported to the Ministry of Health and Long-Term Care Inspector or Regional Office and Assured Care Consultant within 24 hours."

The home's Critical Incident report was reviewed and it indicated that in May, 2014 resident #001 inappropriately touched resident #007 and that the incident was reported to the Ministry of Health and Long-Term Care five days later.

The registered staff who witnessed the incident was interviewed and they confirmed that they witnessed the incident of resident #001 inappropriately touching resident #007. The Administrator was interviewed and confirmed that the information in the Critical Incident report was accurate and that the home did not inform the Ministry of Health and Long-Term Care of the above incident within 24 hours as per the home's policies and procedures.

The home did not ensure that the Complaints-Concerns Process policy and procedures and the Abuse Prevention policy and procedures were followed. [s. 8. (1) (b)]

**WN #2: 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:

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. The licensee has failed to ensure that a resident was protected from abuse by anyone and free from neglect by the licensee or staff in the home as evidenced by:

The home's Critical Incident report and the residents' record were reviewed and it was noted that in May, 2014 an identified resident #001 was observed by a staff member inappropriately touching identified resident #007.

The staff member identified in the home's Critical Incident report was interviewed and confirmed that they witnessed the above incident between residents #001 and #007.

The home failed to ensure that the resident #007 was protected from sexual abuse by resident #001. [s. 19. (1)]

WN #3: 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. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the documented record was reviewed and analyzed for trends at least quarterly as evidenced by:

The home was requested to provide the written record of each review and analysis of the documented record of complaints and concerns and the improvements made in response. The home did not produce the written record as requested. The Administrator was interviewed and they confirmed that no record of review and analysis of the home's record of complaints and concerns was available.

The home did not review and analyze the complaint and concerns record for trends at least quarterly. [s. 101. (3)]

Issued on this 19th day of December, 2014

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

Original report signed by the inspector.