

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

Ministry of Health and Long-Term Care

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

London Service Area Office 291 King Street, 4th Floor LONDON, ON, N6B-1R8 Telephone: (519) 675-7680 Facsimile: (519) 675-7685 Ministère de la Santé et des Soins de longue durée

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

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Date(s) of inspection/Date(s) de l'inspection No/ No de l'inspection Type of Inspection/Genre d'inspection

Aug 31, Sep 7, 2011 2011_088135_0011 Critical Incident

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED

264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

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

THE MAPLES HOME FOR SENIORS

94 William Street South, P.O. Box 400, Tavistock, ON, N0B-2R0

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, 2 Registered Nurses, Registered Practical Nurse, 2 Personal Support Workers, resident and family member.

During the course of the inspection, the inspector(s) reviewed reports, policy and procedures, staffing records, orientation and training materials and meeting minutes pertaining to the inspection.

The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES Définitions WN - Written Notification WN - Avis écrit VPC - Voluntary Plan of Correction VPC - Plan de redressement volontaire DR - Director Referral DR - Aiguillage au directeur CO - Compliance Order CO - Ordre de conformité WAO - Work and Activity Order WAO - Ordres : travaux et activités



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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. 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 sayants:

- 1. August 16, 16:00 in review of the home's policy for Abuse and Neglect of March 2011, observed the policy was not complied with for alleged abuse of resident, as follows:
- -All cases of suspected or actual abuse must be reported immediately in written form to the Director of Nursing/Administrator. The suspected abuse incident occurred and written documentation was provided to the Director of Nursing July 19, 2011.

August 31, 2011, 16:20 in interview Director of Nursing confirmed written documentation was provided July 19, 2011.

-Aug. 31, 2011, 16:15 in interview and record review with Administrator and Director of Nursing confirmed the home's ongoing training for prevention strategies to highlight issues related to abuse had not occurred at staff/team meetings.

-August 31, 2011, 16:35 in interview, Director of Nursing confirmed the home's Abuse-Resident Report (Appendix A) had not been used in reporting incident of alleged resident abuse of July 13, 2011.

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 home's Abuse and Neglect policy is complied with regarding reporting and ongoing training of prevention strategies for abuse, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training Specifically failed to comply with the following subsections:

- s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
- 1. The Residents' Bill of Rights.
- 2. The long-term care home's mission statement.
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- 4. The duty under section 24 to make mandatory reports.
- 5. The protections afforded by section 26.
- 6. The long-term care home's policy to minimize the restraining of residents.
- 7. Fire prevention and safety.
- 8. Emergency and evacuation procedures.
- 9. Infection prevention and control.
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits sayants:



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1. August 31, 2011, 12:04 in record review of employee file observed the identified employee had not received training on the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing her responsibilities.

August 31, 2011, 15:05 in interview with Director of Nursing, she confirmed, there was no evidence the employee had training on the home's policy for Abuse and Neglect-Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff, March 2011. [2007,c.8,s. 76(2)3.]

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 staff receive training on the home's Abuse and Neglect policy, prior to performing their responsibilities, to be implemented voluntarily.

Issued on this 13th day of September, 2011

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