



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 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'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Feb 29, Mar 1, 5, 2012; 2012_054133_0007; Critical Incident

Licensee/Titulaire de permis

THE ONTARIO-FINNISH RESTHOME ASSOCIATION
725 North Street, Sault Ste Marie, ON, P6B-5Z3

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

MAUNO KAIHLA KOTI
723 North Street, Sault Ste Marie, ON, P6B-6G8

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

JESSICA LAPENSEE (133)

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, the Director of Care, Registered Nursing Staff and residents.

During the course of the inspection, the inspector(s) Reviewed a Critical Incident Report and reviewed documents related to the home's internal investigation into this reported incident, reviewed components of a resident's health care record, reviewed the home's policy to promote zero tolerance of abuse and neglect of residents entitled "Abuse of Residents, Preventing, Reporting and Eliminating" and toured through the home at various times during the inspection in order to observe residents at rest and verify if their call bells were within reach.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated;**
 - (b) shall clearly set out what constitutes abuse and neglect;**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
 - (f) shall set out the consequences for those who abuse or neglect residents;**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. The home's policy to promote zero tolerance of abuse and neglect of residents, entitled "Abuse of Resident, Preventing, Reporting & Eliminating" with revision date of June 2011 does not clearly set out what constitutes the following: resident to resident physical abuse, resident to resident emotional abuse and resident to resident verbal abuse. As well, the policy does not clearly set out what constitutes staff/licensee to resident sexual abuse in that it fails to reflect the fact that a resident's consent does not prevent a determination of sexual abuse (with exceptions) when touching, behavior or remarks of a sexual nature are directed towards a resident by a licensee or staff member (as opposed to a person other than the licensee or a staff member). [LTCHA, 2007, S.O. 2007, c.8, s.20 (2)(b)]

2. The home's policy to promote zero tolerance of abuse and neglect of residents, entitled "Abuse of Resident, Preventing, Reporting & Eliminating" with revision date of June 2011 does not set out consequences for those who abuse or neglect residents. [LTCHA, 2007, S.O. 2007, c.8, s.20 (2)(f)]

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 :

1. The home's policy to promote zero tolerance of abuse and neglect of residents, entitled "Abuse of Resident, Preventing, Reporting & Eliminating" with revision date of June 2011 does not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate. [O.Reg. 79/10, s.96 (b)]

2. The home's policy to promote zero tolerance of abuse and neglect of residents, entitled "Abuse of Resident, Preventing, Reporting & Eliminating" with revision date of June 2011 does not identify the training and retraining requirements for all staff 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. [O. Reg. 79/10, s. 96 (e)(i)]

The home's policy to promote zero tolerance of abuse and neglect of residents, entitled "Abuse of Resident, Preventing, Reporting & Eliminating" with revision date of June 2011 does not identify the training and retraining requirements for all staff on the situations that may lead to abuse and neglect and how to avoid such situations. [O. Reg 79/10, s.96 (e)(ii)]

3. The home's policy to promote zero tolerance of abuse and neglect of residents, entitled "Abuse of Resident, Preventing, Reporting & Eliminating" with revision date of June 2011 does not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. [O. Reg 79/10, s.96 (a)]

Issued on this 6th day of March, 2012

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

