



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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 3, 4, 9, 10, 11, 12, 15, 16, 2012	2012_159178_0003	Critical Incident

Licensee/Titulaire de permis

341822 ONTARIO INC
28 HALTON STREET, TORONTO, ON, M6J-1R3

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

MAYNARD NURSING HOME
28 HALTON STREET, TORONTO, ON, M6J-1R3

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

SUSAN LUI (178)

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 Administrator, Assistant Administrator, Director of Care (DOC), Registered Staff, Personal Support Workers (PSWs), residents, family members of a resident.

During the course of the inspection, the inspector(s) reviewed resident records, reviewed home records, observed resident care, observed resident environments.

The following LOGs were addressed during this inspection:
T-1550-12, T-1588-12

The following Inspection Protocols were used during this inspection:

Pain

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) 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. 6. Plan of care
Specifically failed to comply with the following subsections:

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,
(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. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to resident # 2 as specified in the plan.

Staff interviews and record review indicate that on an identified date, the side rail nearest the window of resident # 2 was not securely latched as directed in the resident's plan of care. As a result, the resident fell from bed and suffered a fracture.

Staff interviews confirm the following:

- the resident's plan of care includes the use of both full side rails up while in bed for safety, to prevent falls.
- the resident's caregivers that evening believed the side rail to be latched at the time, but when the resident was found on the floor, the side rail was down.

Examination of the side rail by home staff and subsequently by this inspector, determined that the side rail was operational and a distinct click could be heard when the side rail engaged (locked).

[s.6.(7)]

2. The licensee failed to 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.

a) Record review and staff interviews confirm that resident # 2's written plan of care does not set out clear directions for the staff and others who provide direct care to the resident.

Staff interviews indicate that since the resident's fracture on an identified date, resident # 2 does not stand, and is transferred by use of a mechanical lift or a 2 person transfer.

The resident's Care Plan for Rehab/Restorative TRANSFERRING states:

-Standing to Sit position-Assist/supervise resident to back up safely until their knees touch the wheelchair/chair or bed.

Staff interviews confirm that the resident has not been able to stand since the resident suffered a fracture on an identified date.

Resident # 2's Kardex, which appears on the Point of Care system to direct the PSWs in providing the resident's care, contains the following contradictory directions:

Bed Mobility includes:

- Turned and repositioned every hour.
- Turn and reposition every two hours

Transferring includes:

- Resident cannot weight bear
- Staff to provide weight bearing support to transfer from bed to wheelchair by 2 person assist. Resident can weight bear and assists in the transfer.

Staff interview indicates that mechanical lift is sometimes used to transfer the resident. This information does not appear on the resident's Kardex or Care Plan, which direct the staff in providing the care.

b) The licensee has failed to ensure that the written plan of care for resident # 1 sets out clear directions for the staff and others who provide direct care to the residents.

Written plan of care for Transferring for resident # 1 states that the resident can participate with the transfer and requires 1 staff member to assist in the transfer. Staff interviews and review of the resident's progress notes confirm that after the resident suffered a fracture on an identified date, he/she required 2 staff to assist with transferring.

[s.6.(1)(c)]

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 to ensure that

a) plans of care for each resident provide clear directions to staff and others who provide direct care to the resident, and

b) care set out in the plan of care is provided to the resident as specified in the plan, including the safe and proper use of home equipment such as bed side rails, to be implemented voluntarily.

WN #2: 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).
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Findings/Faits saillants :

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 of the Long Term Care Homes Act (LTCHA) to make mandatory reports. A review of the licensee's Abuse Policy, RCM-S-05 confirmed that the policy does not contain an explanation of the duty under section 24 of the LTCHA to make mandatory reports. The policy does not explain that it is every staff member's duty to report a reasonable suspicion of abuse or neglect of residents to the Director under the LTCHA immediately, and that it is an offence for a staff member to fail to do so.

[s.20.(2)]

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 to ensure that the policy to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 of the LTCHA to make mandatory reports, to be implemented voluntarily.

WN #3: 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).
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Findings/Faits saillants :

1. The licensee has failed to ensure that staff receive training on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities.

Interviews with the home's Director of Care (DOC) confirm that when employees are hired they are not trained on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities. This training would take place during the next scheduled in-service for the mandatory training on the home policy to promote zero tolerance of abuse and neglect of residents.

Staff interviews and review of home records confirm that an identified Registered staff member did not receive training on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing his responsibilities in January of 2012. This Registered staff member had not yet received training on the home policy to promote zero tolerance of abuse and neglect of residents at the time of this inspection.

[s.76.(2)3.]

2. The licensee has failed to ensure that staff members receive training in the duty under section 24 to make mandatory reports, prior to performing their responsibilities.

Review of the home's Abuse Policy, on which the staff's abuse prevention training is based, revealed that there is not explanation of mandatory reporting under section 24 of the LTCHA of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident.

Staff interviews confirmed that staff members have not received training in the area of mandatory reporting under section 24 of the LTCHA. Every staff member interviewed was unaware that it is mandatory for them to report any reasonable suspicion of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident to the Director under the LTCHA, and that it is an offence for them to fail to report.

[s.76.(2)4.]

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 to ensure that no staff member performs their responsibilities prior to receiving training in the home's policy to promote zero tolerance of abuse and neglect, including the duty under section 24 to make mandatory reports, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights;
 - (b) the long-term care home's mission statement;
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
 - (d) an explanation of the duty under section 24 to make mandatory reports;
 - (e) the long-term care home's procedure for initiating complaints to the licensee;
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
 - (h) the name and telephone number of the licensee;
 - (i) an explanation of the measures to be taken in case of fire;
 - (j) an explanation of evacuation procedures;
 - (k) copies of the inspection reports from the past two years for the long-term care home;
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
 - (p) an explanation of the protections afforded under section 26; and
 - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)
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Findings/Faits saillants :

1. The licensee has failed to ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements established by the regulations.

a) Observations conducted during an inspection on Oct 4 and 9, 2012 revealed that the Residents' Bill of Rights was not posted in an easily accessible and conspicuous location in a print of at least 16 font. The Residents' Bill of Rights was found to be posted in large font in the basement only, which is not accessed by all residents and visitors. On Oct 9, 2012, the inspector observed the Residents' Bill of Rights posted on main and 2nd floor of the home, however it was posted in a font smaller than 16, which is required by the regulations.

b) The home's procedure for initiating complaints to the licensee (Resident/Family Concern Protocol) was not found posted in basement or on the main floor of the home on Oct 4, 2012. On Oct 9, 2012 the home's procedure for initiating complaints to the licensee (Resident/Family Concern Protocol) was found on the 2nd floor only, and it was in a font less than 16, which is required in the regulations. Furthermore, the posted Resident/Family Concern Protocol was not accurate, naming several former employees of the home and the Ministry of Health and Long Term Care, as those to be contacted with complaints.

c) The home's policy to promote zero tolerance of abuse/neglect of residents was observed on Oct 4, 2012 posted only in basement of the home, which is not accessed by all residents or visitors.
[s.79.(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 to ensure that all of the required information is posted, and remains posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements established by the regulations, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation

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

- (a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- (d) that the changes and improvements under clause (b) are promptly implemented; and
- (e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. Staff interviews confirmed that licensee failed to ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences. Interview with DOC confirmed that an evaluation of the licensee's policy to promote zero tolerance of abuse and neglect of residents has not been completed since 2010.
r.99.(b)

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 to ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences, to be implemented voluntarily.

WN #6: 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 licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents (RCM-S-05) identifies the training and retraining requirements for all staff including:
- 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
 - situations that may lead to abuse and neglect and how to avoid such situations.
- [r.96.(e)]

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management
Specifically failed to comply with the following subsections:**

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. Resident # 1 and his/her substitute decision maker both indicated during interviews that the resident's pain has not been fully controlled since the resident sustained a fracture in August 2012. Staff interviews and record review indicate that the resident has not been assessed for pain using a clinically appropriate assessment instrument since the resident sustained a fracture.
- [r.52.(2)]

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 to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

Issued on this 7th day of November, 2012

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

Aileen Sri (178)