Ontario

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
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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
Aug 27, 29, 30, 31, Sep 13, 14, 25, 26, Oct 2, 2012	2012_051106_0020	Critical Incident

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA
1220 Valley Drive, KENORA, ON, P9N-2W7

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

NORTHWOOD LODGE
51 Highway 105, P.O. Box 420, RED LAKE, ON, P0V-2M0

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

MARGOT BURNS-PROUTY (106)

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 Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family Members, and Residents.

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Falls Prevention

Minimizing of Restraining

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
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.) 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 compiy with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to compiy 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 compiy 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. On August 30, 2012, staff member # S-100 provided inspector 106 with policy # ADM 450, dated April 2005, titled "Zero Tolerance of Abuse and Neglect". On August 31, 2012, staff member # S-100 reported that this was the home's only written policy regarding abuse and neglect. Policy #ADM 450 does not set out the consequences for those who abuse or neglect residents nor does it provide for a program, that complies with the requirements of the Regulations, specifically O. Reg. 79/10, s. 96 (a), 96 (b), 96 (c), 96 (e) (i), and 96 (e) (ii). The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect met the requirements as stated in the LTCHA. [LTCHA, 2007, S. O. 2007, c. 8, s. 20 (2)] (106)

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 home's written policy to promote zero tolerance of abuse and neglect sets out the consequences for those who abuse or neglect residents and provides for a program, that complies with the requirements, O. Reg. 79/10, s. 96 (a), 96 (b), 96 (c), 96 (e) (i), and 96 (e) (ii), to be implemented voluntarily.

WN #2: The Licensee has failed to compiy with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following subsections:

s. 53. (3) The licensee shall ensure that,
(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;
(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

Findings/Faits saillants :

1. On August 29, 2012, inspector 106 requested staff member # S-100 to provide to the inspector, the written approaches to care to meet the needs of residents with responsive behaviour in the home. Staff member # S-100 provided the following polices, OHS 055 titled, "Emergency Codes", OHS 225 titled, "Abuse of Worker", OHS 200, titled, "Workplace Harassment", and a blank form titled, "Abuse of Worker Assessment Form". These documents were reviewed and they do not meet the requirements of O. Reg, 79/10, s. 53 (1) 1, 2, 3, 4. The licensee failed to ensure that a responsive behaviours program, as referred to in O. Reg. 79/10, s. 53 (1), was developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. [O. Reg. 79/10, s. 53 (3) (a)] (106)

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 responsive behaviours program, as referred to in O. Reg. 79/10, s. 53 (1), is developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following subsections:

s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).

Findings/Faits saillants :

1. Inspector 106 reviewed documentation regarding the home's investigation into suspected abuse of resident # 006, resident # 009, resident # 007, and resident # 008 by staff member # S-101. The documents indicated that the suspected abuse was reported by staff to the management of the home on two separate occasions, both reported near the end of July 2011, but no exact date was found. Inspector 106 reviewed the Critical Incident System and found no results of the investigation into alleged or suspected abuse, reported to the Director in 2011. The licensee failed to ensure that the results of every investigation undertaken under clause (1) (a) and every action taken under clause (1) (b) are reported to the Director. [LTCHA, 2007, S. O. 2007, c. 8, s. 23 (2)] (106)

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Findings/Faits saillants :

1. Inspector 106 reviewed documentation regarding the home's investigation into suspected abuse by staff member # S-101 to resident #009. The documentation indicates that prior to July 25, 2011, staff member # S-103 witnessed, staff member S-101 raise their hand to resident # 009 and heard the contact of the blow. Staff member # S-103 did not see where the slap connected to the resident as staff member # S-101 had their back to staff member #S-103. An undated anonymous letter from "A concemed staff member", included in a package of materials/documents provided to the inspector by staff member # S-100, was also reviewed and it alleges verbal abuse to resident #006, resident # 007 and the verbal and physical abuse of resident# 008 by staff member # S-101. Documentation indicates that these alleged incidents occurred on or around July 28, 2011. Inspector 106 reviewed the Critical Incident System and there were no reports of abuse or suspected abuse submitted to the Director on or around that date. The licensee failed to ensure that a person who has reasonable grounds to suspect the abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm occurred or may occur, immediately reported the suspicion and the information upon which it was based to the Director. [LTCHA, 2007, S. O. 2007, c. 8, s. 24 (1)] (106)

WN #5: 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. On August 31, 2012, at 1230 h resident #003 was observed in their wheelchair and did not have their seat belt restraint applied. Staff member # S-100 reported that the resident no longer uses the seat belt as it was thought to increase the resident's anxiety and aggression. The plan of care for resident # 003 indicates, "seat belt for wheelchair". The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (10) (b)] (106)

Issued on this 2nd day of October, 2012

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