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 sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 19, 2018	2018_509617_0013	002717-17, 004612-17, 004829-17, 005394-17, 005676-17, 006342-17, 008698-17, 011631-17, 015744-17, 016486-17, 023130-17, 024500-17, 004043-18	Critical Incident System

Licensee/Titulaire de permis

Barrie Long Term Care Centre Inc.
c/o Jarlette Health Services 5 Beck Boulevard PENETANGUISHENE ON L9M 1C1

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

Roberta Place
503 Essa Road BARRIE ON L4N 9E4

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

SHEILA CLARK (617), AMY GEAUVREAU (642), KATHERINE BARCA (625)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 7-11, 2018

This Critical Incident System (CIS) Inspection was conducted as a result of 13 CIS reports, submitted to the Director, of which seven were related to resident to resident abuse involving responsive behaviours, and six were related to staff to resident abuse.

Complaint Inspection #2018_509617_0012 was conducted concurrently with this Critical Incident System Inspection.

The Inspectors conducted tours of the resident care areas, reviewed residents' health care records, home policies and procedures, mandatory training records, personnel records, staffing schedules, observed resident common areas, and observed the delivery of resident care and services, including staff to resident interactions.

During the course of the inspection, the inspector(s) spoke with Administrator (AD), Director of Care, Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), Resident Services Coordinator RSC, Housekeepers, Housekeeping Supervisor, family members and residents.

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

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

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 saillants :

1. The licensee has failed to ensure that, without in any way restricting the generality of the duty provided for in section 19, the written policy in place to promote zero tolerance of abuse and neglect of residents, was complied with.

A review of the home's policy titled, "Resident Rights, Care and Services-Abuse-Zero-Tolerance Policy for Resident Abuse and Neglect-Zero-tolerance Policy for Resident Abuse and Neglect-Version 2", revised on June 2, 2017, indicated that residents were not to be neglected by staff member; furthermore, a staff member who had reasonable grounds to suspect abuse or neglect of a resident were to immediately report their suspicion to the most Senior Administrative Personnel or Charge Nurse if no manager was on site at the home.

Critical Incident System (CIS) reports were submitted to the Director related to three incidents where resident #016 was suspected to have been neglected by staff.

A review of the home's investigation notes indicated that during each incident, resident #016 was found to be left unattended during toileting for an extended period of time. Four staff members provided toileting assistance to resident #016 on three different occasions at the end of their shift and forgot to complete the toileting or report to the oncoming staff that the resident had been left unattended. Oncoming staff for the next shift discovered that the resident was left unattended and found the resident either in distress, uncomfortable or a resulting injury.

A) The CIS that occurred in March 2017, was reported one day later when the incident occurred. A review of the home's investigation notes and amended CIS report indicated that both PSW #116 and PSW #117 discovered that the resident was left unattended, were aware of the incident, and did not report the incident according to the home's policy for mandatory reporting, and were both disciplined for their inaction of not reporting immediately.

A review of the home's investigation notes regarding the March 10, 2017, incident, determined that PSW #119 and PSW #118 were both found to have neglected resident #016 and did not follow the home's policy for zero tolerance of abuse when providing toileting care.

A review of the home's investigation notes regarding the second incident that occurred in March 2017, determined that PSW #128 was found to have neglected resident #016 and did not follow the home's policy for zero tolerance of abuse when providing toileting care.

B) The CIS that occurred in February 2018, was reported one day later when the incident occurred. A review of the home's investigation notes indicated that at the time the incident occurred, RN #121 was made aware of the incident by PSW staff, did not report the incident according to the home's policy for mandatory reporting, and was disciplined for their inaction.

A review of the home's investigation notes regarding the February 2018, incident determined that PSW #120 did not follow specific interventions when providing toileting care to resident #016 resulting in the resident being left unattended five and a half hours. The investigation determined that PSW #120's actions were neglect and they did not follow the home's policy for zero tolerance of abuse when providing toileting care.

In an interview with the DOC they reported to the Inspector that the home's procedure for mandatory reporting required that PSW staff were to immediately report any suspicion of neglect to the registered staff. In turn the registered staff were to immediately report to the manager on call for Director notification. The DOC further confirmed to the Inspector that during the March 2017, incident, PSW #116 and PSW #117, and the February 2018, incident, RN #121, were all expected to have reported the suspected incidents of neglect immediately, and failed to do so, and did not follow the home's policy for mandatory reporting.

In an interview with the DOC they confirmed to the Inspector that the home's investigation determined that resident #016 was neglected by four PSWs #118, #119, 128, and #120, during the three incidents that occurred in March 2017 and February 2018. The DOC confirmed to the Inspector that all four staff members had been trained in the home's zero tolerance of abuse policy and did not follow the policy by neglecting resident #016. [s. 20. (1)]

2. A Critical Incident System (CIS) report was submitted to the Director, related to an incident where resident #018 was suspected to be neglected by staff. The CIS report indicated that resident #018 was found to be left unattended for extended period of time while being provided with toileting assistance. The staff member responsible for their care had provided toileting assistance and forgot to complete or report that resident #018 was left unattended before they left at the end of their shift. On the next shift, staff discovered the resident in distress.

The CIS report was submitted in February 2017, two days after the incident occurred. A

review of resident #018's progress notes and the home’s investigation notes indicated that RPN #122 was made aware that resident #018 was left unattended for an extended period of time during their toileting, did not report the incident according to the home’s policy for mandatory reporting, and was disciplined for their inaction.

A review of the home's investigation notes and amended CIS report, indicated that the home found PSW #117 to have neglected resident #018 and did not follow the home’s policy for zero tolerance of abuse when providing toileting care.

In an interview with the DOC they reported to the Inspector that RPN #122 was expected to have reported the suspected incidents of neglect and failed to do so, and in contravention of the home's policy for mandatory reporting.

In an interview with the DOC they confirmed to the Inspector that the home’s investigation determined that resident #018 was neglected by PSW #117. The DOC confirmed to the Inspector that the staff member had been trained in the home’s zero tolerance of abuse policy and did not follow the policy by neglecting resident #018. [s. 20. (1)]

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, without in any way restricting the generality of the duty provided for in section 19, the written policy in place to promote zero tolerance of abuse and neglect of residents, is complied with, to be implemented voluntarily.

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Issued on this 20th day of June, 2018

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

Original report signed by the inspector.