



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**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**

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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 6, 2016	2016_284545_0005	O-002846-15, 004601- 16	Complaint

### **Licensee/Titulaire de permis**

TAMINAGI INC.  
05 Loiselle Street CP Box 2132 Embrun ON K0A 1W1

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

SARFIELD COLONIAL HOME  
2861 Colonial Road P.O. Box 130 Sarsfield ON K0A 3E0

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

ANGELE ALBERT-RITCHIE (545)

## **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 25 and 25, 2016**

**This Complaint Inspection is related to two complaints regarding allegations of abuse and neglect of residents:**

- Log #: O-002846-15; and**
- Log #: 004601-16**

**During the course of the inspection, the inspector(s) spoke with the Administrator, General Manager, Director of Care (DOC), Activity Director, one Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Care Workers (PSW), one Housekeeping Aide, and several residents.**

**The inspector also observed Resident rooms, observed Resident common areas, reviewed the home's Zero Tolerance of Abuse & Neglect policy (effective September 2014), staff schedule, orientation and training documentation, reviewed an investigation report including incident report and Client Concern form, Resident #001's health record, observed a meal service including portering to and from the dining room, and observed the delivery of Resident care and services.**

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

**During the course of this inspection, Non-Compliances were issued.**

- 4 WN(s)**
- 3 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**



**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).	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:**

- 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; 2007, c. 8, s. 20 (2).**
  - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
  - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
  - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
  - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
  - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
  - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
  - (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 licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents shall:
  - (b) clearly set out what constitutes 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
  - (h) shall deal with any additional matters as may be provided for in the regulations.

The "Zero Tolerance to Abuse & Neglect" policy, effective September 24, 2014 was provided to the Inspector by the Director of Care (DOC) upon request for the home's policy to promote zero tolerance of abuse and neglect of residents.

A review of the Abuse policy demonstrated that the policy did not clearly set out what constitutes abuse and neglect in that:

- the definition of "emotional abuse" does not clearly set out that emotional abuse includes any insulting, humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences, as defined by O.Reg 79/10, 2 (1).

- the definition of "physical abuse" does not clearly set out that physical abuse includes physical force by anyone, does not include the administering or withholding of a drug for an inappropriate purpose and provides no distinction between resident to resident physical abuse and physical abuse by anyone, as defined by O.Reg 79/10, 2 (1).

- the definition of "sexual abuse" does not clearly set out that sexual abuse includes any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member

- the definition of "verbal abuse" does not clearly set out that verbal abuse includes any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences

The policy demonstrated that it did not contain an explanation of the duty under section 24 of the Act to make mandatory reports to the Director such as:

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).

The policy did not demonstrate that procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents, as per O.Reg. 79/10 s. 97 (1), (2) and (3) such as:

Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

1. (a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

The home's policy indicated that the findings of the preliminary inquiry must be conveyed immediately to the Administrator to decide notification of next of kin, within 12 hours.

The Abuse policy did not demonstrate that any additional matters as may be provided for in the regulations, and as per the Act, subsection 76 (2) whereby every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. Note that "no person" is defined as "all staff" in subsection (1).

The home's policy indicated that "all employees, volunteers, residents and their Power of Attorneys will be oriented to the Zero Tolerance to Abuse Policy within one month of hire/admission". [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 meets the legislative requirements, to be implemented voluntarily.***

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**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:**

**s. 76. (1) Every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section. 2007, c. 8, s. 76. (1).**

**Findings/Faits saillants :**

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

According to the Act section 76 (1), every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section which includes subsection 76 (2) 3, the long term care home's policy to promote zero tolerance of abuse and neglect of residents.

According to the Act subsection 76 (4) every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

According to O. Reg. 79/10 section 219 (1), the retraining intervals for the purposes of subsection 76 (4) of the Act are annual intervals.

During an interview with RPN #110, she indicated that she started employment on February 9, 2016, and had been provided with a package on Day 1. She indicated that she started reading the information but had not yet completed, added that the Zero





Tolerance of Abuse & Neglect was part of the package and that she planned on returning the signed copies to the Human Resource department on February 29, 2016.

Housekeeping Aide #108 indicated that she worked at the home for 9 years, had been away for one year and upon return to work on February 8, 2016 she was not provided retraining on Zero Tolerance of Abuse & Neglect.

PSW #107 indicated that she had been working at the home for 3 years, and that she had read and signed the policy on Zero Tolerance of Abuse and Neglect upon hire but could not remember the last time she received retraining on Abuse & neglect.

PSW #105 indicated that she had been working at the home for 8 years, and indicated that she could not remember the last time she received training on Abuse & Neglect.

A review of the New Employee Orientation (November 27, 2015) checklist and attendance sheet was reviewed by the Inspector. It was documented that 3 out of 6 staff had not signed the "Zero Tolerance of Abuse & Neglect" prior to performing their responsibilities:

-Staff Member #112 - started work on September 2, 2015; signed Abuse policy on September 9, 2015

-Staff Member #113 - started work on October 7, 2015; signed Abuse policy on November 28, 2015

-Staff Member #114 - started work on September 3, 2015; signed Abuse policy on September 15, 2015

In a review of the proposed education plan: calendar 2015, it was indicated that the home planned to invite an external guest speaker in April 2015 to review mandatory training for all staff such as : Bill of Rights, Resident Abuse, Mission Statement of the Nursing Home, Duty to report, Policy of the home to minimize restraints and protection of whistle blower.

During an interview with the Administrator, she indicated that the previous RAI Coordinator was responsible for the training of Zero Tolerance of Abuse and Neglect of residents, but that when she left in the spring of 2015, the role was assigned to the Office Manager. She further indicated that upon hire, staff were provided with the policy, and were expected to read and sign it to acknowledge they understood all rules and guidelines with regard to the home's Abuse policy. She further indicated that the review of the policy was done during a staff orientation when there was enough staff to schedule





such orientation, sometime several months post first day of employment. The Administrator was unable to provide evidence to demonstrate that retraining of the home's Abuse policy was provided to all staff in 2015. [s. 76. (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 all staff receive training on the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities, and that retraining is done annually with all staff, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a verbal complaint made to a staff member concerning the care of Resident #001 was dealt with as follows: where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

Related to Log# O-002846-15

Resident #001 was admitted to the home on a specified date in September 2014 with Dementia and a neurological condition. According to an assessment completed on a



specified date in July 2015, it was documented that the resident had moderate cognitive impairment, was unsteady on his/her feet, and exhibited behavioural symptoms on a daily basis, such as yelling or screaming as a mean to communicate. In a review of the plan of care of a specified date in August 2015 it was noted that Resident #001 had weakness to a specified side of the body and may require assistance of two staff on nights for transfers. Three days post incident in September 2015 the physiotherapist indicated in a note that all transfers were to be done using a mechanical lift.

Upon review of Resident #001's health record, it was noted in a progress note on a specified date in September 2015 that the resident was very weak during the day and staff had to use a mechanical lift for transfers. Later that day, it was documented in the progress notes that Resident #001 was found in bed with a "very big bulging bump on a specified area" when evening staff arrived in the room to get the resident up for meal time. A bruise on a specified area and bruising/swelling on a limb were also noted. According to the progress notes, a family member was notified of the resident's injuries the following day.

In an Incident Report completed by registered staff, it was documented that ice was applied, vital signs were done and that it was unsure if injuries occurred during transfers.

According to a progress note of a specified date in September 2015, a family member and the physician were notified of the injuries. Two and a half hours later, another note indicated that a family member was in to visit Resident #001, and when was informed that the cause was unknown, the family member expressed being "very worried", and requested an investigation into the cause of the injuries. Documentation of an immediate investigation was not found.

PSWs #105 and #107 indicated to the Inspector that they had transferred Resident #001 from the wheelchair to the bathroom then transferred to bed, by walking side-by-side with the resident on the day of the incident in September 2015, near the end of their shift. They indicated that the mechanical lift was not used on their shift that day; that is was used only when the resident was more tired, usually in the evening. PSW #107 further indicated that the full bed rails were raised, and the Personal Alarm pinned to the resident's clothing. Both PSWs indicated they had not observed any physical injuries to the resident during care. PSW #105 indicated that upon return to work the following day, rumor was that both PSWs might have injured the resident during care.

During an interview with the Administrator, she indicated that an Incident Report was



completed by the nurse in charge the day of the incident or the following day, but that she or the DOC were not immediately notified as per the home's policy when the POA requested that the home conducts an investigation into the resident's physical injuries, the day following the incident. She further confirmed that the investigation was not commenced immediately as per legislation, and that it was initiated the following day when she returned to work and was informed of Resident #001's unexplained physical injuries. [s. 101. (1) 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 ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt by investigating and resolving where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately, to be implemented voluntarily.***

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**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:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
  - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
  - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
  - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
  - (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; 2007, c. 8, s. 79 (3)
  - (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; 2007, c. 8, s. 79 (3)
  - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
  - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
  - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
  - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
  - (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; 2007, c. 8, s. 79 (3)
  - (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; 2007, c. 8, s. 79 (3)
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
  - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
  - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



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1. The licensee has failed to ensure that the required information was posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, such as: the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

During a tour of the home, the inspector was unable to find the posting of the home's policy to promote zero tolerance of abuse and neglect of residents.

In discussion with the Administrator, she confirmed that the the home's policy: Zero Tolerance to Abuse & Neglect, effective September 24, 2014 was not posted anywhere in the home. [s. 79. (3) (c)]

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**Issued on this 7th day of April, 2016**

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

**Original report signed by the inspector.**