Ontario

Ministry of Health and Long-Term Care

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

Ministére 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
Jul 6, 9, 11, 22, 23, 24, Aug 1, 9, 30, 2012	2012_071159_0010	Critical Incident

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

SHERIDAN VILLA
2460 TRUSCOTT DRIVE, MISSISSAUGA, ON, L5J-3Z8

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

ASHA SEHGAL (159)

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, Director of Care, Registered Nurses (RN), Personal Support workers (PSWs).

During the course of the inspection, the inspector(s) reviewed residents' record, interviewed personal support workers, home's investigation notes, staff education records, identified staff personal records, licensee policy and procedure related to skin and wound, Fall prevention, abuse and neglect, and continence care and bowel management program.

Log # H-000426-12
Log # H-00790-11

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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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 comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

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 has failed to comply with LTCHA, 2007 S.O, 2007, c.8, 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).

The licensee did not ensure that the care set out in the plan of care was provided to resident #1 in relation to wearing of splints.

January 2011, progress notes identified a recommendation given by Occupational Therapist for resident #1 to have resident wear splints to prevent further development of contractures.

During the inspection on three consecutive days resident was observed out side of meal and bedtime hours wearing only one splint. The plan of care for identified resident had specific written description given by the Occupational Therapist that resident to wear splints to prevent further development of contractures. The splints should be on during the daytime and off at bedtime. One splint off for meals and reapplied after each meal except after supper. The care was not provided as specified in the plan of care. Registered staff interviewed confirmed that resident was to wear splints as recommended by Occupational Therapist.

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c. 8, s.19(1)
The licensee has failed to ensure that a resident of the home was protected from abuse by a staff [s.19(1)]

a) An identified resident was abused by a personal support worker (PSW) in 2012.
The resident's family reported to the Registered Staff that the resident told the family that the resident rang the bell for assistance and asked to be toileted. The Personal Support Worker (PSW) who responded to the call bell did not provide care to the resident and threw the call bell which hit the resident on head and the PSW exited the room. Home's internal investigation confirmed that the resident was received by oncoming shift in bed, incontinent of large amount of stool.

The first PSW did not attend to resident's needs and intimidated the resident by throwing the bell. The resident reported that the staff member made the resident afraid. The home's investigation confirms that the PSW acknowledged throwing of the bell, which upset the resident.

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 home protect residents from abuse and neglect by any one and staff., to be implemented voluntarily.

WN #3: 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. (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 comply with LTCHA, 2007 S.O.2007, c. 8, s. 20.
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)

The home's policy LTC1-05.01 is for the Prevention, Reporting, and Elimination of Abuse and Neglect. This policy dated February 1, 2012, states where abuse or an incident of suspected abuse occurs, the employee(s) shall immediately be placed on a Leave of Absence with pay from the active duty pending further investigation with the possibility of disciplinary or discharge to follow. This policy was not complied with in relation to the following 20(1)
Interviewed identified resident, registered nurse and the management staff confirmed that the PSW who had allegedly abused the resident in 2012, was not placed on immediate leave. The PSW was assigned to work on that unit and was allowed to provide care to the resident after the allegations of abuse even though home had knowledge of the alleged abuse. The Administrator confirmed the PSW was not suspended with pay until after working two shifts.

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 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, to be implemented voluntarily.

Issued on this 7th day of September, 2012

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