



**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**

**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**

**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**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 18, 2013	2013_138151_0031	S- 000403,000 423-13	Complaint

Licensee/Titulaire de permis

**ST. JOSEPH'S HEALTH CENTRE OF SUDBURY
1140 South Bay Road, SUDBURY, ON, P3E-0B6**

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

**ST. JOSEPH'S VILLA, SUDBURY
1250 South Bay Road, SUDBURY, ON, P3E-6L9**

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): November 7, 8, 12, 13, 2013

**This inspection relates to the following:
S-000403-13 and related IL-29625-SU
S-000423-13 and phone complaint**

During the course of the inspection, the inspector(s) spoke with Director of Care, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Food Service Supervisor, Leisure and Activation staff, residents and families

During the course of the inspection, the inspector(s)

- observed care and service delivery to residents**
- observed meal service and dining processes**
- reviewed resident health care records**
- reviewed the home's staffing plans**
- reviewed the home's staffing patterns over the last 2 months**
- reviewed policies, procedures, protocols and processes in regards to staffing and replacement of absent calls,**
- reviewed policies, procedures, protocols and processes in regards to provision of nutrition and hydration**
- reviewed home's abuse policy**
- reviewed home's education records for the last 12 months in relation to the home's policy for zero tolerance of abuse and neglect**
- audited recorded resident baths for the last 60 days**

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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 Complainant alleged that a staff member was verbally abusive to resident# 00103. No Critical Incident report was filed with the Ministry referencing the alleged incident described by the Complainant.

Inspector reviewed Resident #001's health care records and noted that 2 days after the incident, staff member #0102 documented being apprised by the Complainant of the alleged incident of staff to resident abuse. In the progress note, Inspector noted that Staff #00102 recorded telling the complainant that as Staff #00102 had not witnessed the alleged incident Staff #00102 could do nothing more about it.

Inspector reviewed this documentation 28 days post the day the alleged incident was said to have occurred.

Inspector 151 showed the progress note to the Director of Care (DOC) who confirmed no prior knowledge of the incident to this point.

Inspector 151 showed the Department Manager Staff # 00104 the progress note. The manager confirmed there had not been any formal investigation of staff to resident abuse as the manager did not know the particulars of the conversation between the complainant and Staff #00102 until this point. The manager confirmed that had the manager known the content of the progress note, the manager would have investigated the matter as per the home's abuse policy

Inspector reviewed the home's policy on abuse: titled: Zero Tolerance for Abuse and Neglect, last revision date of September 17, 2013. The policy stated the following:

- page 2: "treat every allegation as a serious matter",
- page 1: " any employee or volunteer who witnesses, or becomes aware of, or suspects abuse shall report it immediately to the Director of Care/Administrator/delegate who will ensure a thorough and confidential investigation is initiated",
- page 3: "LTCHA requires a person to make immediate reports to the Director where there is a reasonable suspicion that certain incidents occurred or may occur...staff should immediately report under the facility's staff reporting policy any incidents that may lead to a mandatory report under section 24 (1). Staff should also understand that it is an offence under the LTCHA to discourage or suppress a mandatory report".

In summary, a staff member did have knowledge of allegation of staff to resident



abuse 2 days after the alleged incident took place but did not report the matter to the administration of the home. The incident was not investigated by the licensee. No mandatory report of the incident was received by the Ministry. The home did not ensure that their policy in regards to prevention of abuse and neglect was complied with. [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 the licensee's written policy to promote zero tolerance of abuse and neglect is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



1. Inspector 151 inspected a complaint alleging the home is often unable to replace staff who call in absent for their shifts and that this results in missed baths and missed nutrition/fluid passes for the residents.

Inspector reviewed the home's staffing patterns for the last 60 days and noted that the home was not able to replace 141 absent calls.

Inspector audited resident health care records for the last 30 days for the provision of 2 baths per week. All units were audited for a total of 40 residents. It was found that 12/40 or 30% of the residents did not have 2 baths per week documented and 14/40 or 35% of residents had one or more baths recorded as "not given".

Inspector spoke to 11 residents:

- Six of eleven residents (54.6%) stated that they had missed baths or had been approached by staff to cancel their baths because their unit was working short of one or more workers on shift. The residents stated no effort was made to replace the missed bath on subsequent shifts, they had to wait for their next regularly scheduled bath day.
- Four of eleven residents (36.6%) stated that they had experienced a missed nutrition/fluid pass as the result of the unit working short one or more workers. One resident stated that the missed nutrition passes impacted their ability to sleep well at night.

Inspector interviewed six staff members all of whom confirmed the following:

- the home works short of staff often: especially on week-ends
- when units work short of staff: "lots of things are left undone like baths, nutrition pass and unloading of the residents' personal laundry carts"
- staff are pulled from their home unit to go to another: ultimately, one unit will work short a worker. It is always the junior person that gets pulled.

The staffing plan does not provide for a staffing mix that is consistent with residents' assessed care and safety needs (r.31.(3)a [s. 31. (3)])



**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**

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 staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements under the Act and Regulations. Specifically, the staffing plan must address workload issues presenting when staff have to take on extra duties when working short one or more staff members, must ensure essential resident care tasks are completed regardless of worker shortage and must address the replacement/catch up strategies of resident care tasks pre-empted because of worker shortage(s), to be implemented voluntarily.

Issued on this 19th day of November, 2013

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

Monique H. Berger (151)