



**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**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 26, 2018	2018_680687_0023	010689-18	Critical Incident System

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**Licensee/Titulaire de permis**

Jarlette Ltd.

c/o Jarlette Health Services 5 Beck Boulevard PENETANGUISHENE ON L9M 1C1

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

Temiskaming Lodge

100 Bruce Street P.O. Box 1180 HAILEYBURY ON P0J 1K0

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

LOVIRIZA CALUZA (687)

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

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

**This inspection was conducted on the following date(s): September 17 to 21, 2018.**

**The following intake was inspected during the Critical Incident System (CIS) Inspection:**

**- Log #010689-18 (CIS #M2698-000005-18) related to a visitor to resident abuse.**

**In addition, a Follow-up Inspection #2018\_680687\_0024 was conducted concurrently with this CIS inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Registered Nurses (RNs), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), Substitute Decision Maker (SDM) and residents.**

**The Inspector also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, reviewed residents' health records, staffing schedules, internal investigations, policies, procedures, programs, and program evaluation records.**

**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.**

**2 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 19.	WN	2017_572627_0020		687
LTCHA, 2007 S.O. 2007, c.8 s. 20.	WN	2017_572627_0020		687
LTCHA, 2007 S.O. 2007, c.8 s. 20.	WN	2016_391603_0029		687



**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 O.Reg 79/10, s. 17. Communication and response system**



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

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times.

On a particular date, Inspector #687 received a report from resident #003 in relation to their recent fall incident. The resident stated that they woke up at a certain time to go to the bathroom and their mobility aid was positioned slightly further away from their bed. The resident further stated that as they reached for their mobility aid it moved away and they fell. The resident stated that they did not call for assistance as their call bell was not accessible at that time.

In an observation of resident #003's room on two separate dates, the Inspector observed that the resident's call bell was not accessible and was not observed in the surrounding area of the resident's environment.

A review of the home's policy titled, "Resident Rights, Care and Services – Required Programs – Falls Prevention and Management Program" last revised December 29, 2017, it indicated that the falls program provided strategies to reduce or mitigate falls, including the monitoring of residents and the use of equipment, supplies, devices and



assistive aids.

In an interview with resident #003 on a specified date, who was in their bedroom at that time, stated that they were not sure where their call bell was.

In an interview with resident #003's enacted Substitute Decision Maker (SDM) on a specified date, who was visiting with the resident at that time stated that they were not sure where the resident's call bell was.

In an interview with PSW #107, they stated that resident #003's call bell was tucked in under their bed sheet and blanket. The PSW verified that the call bell was supposed to be accessible to the resident at all times.

In a separate interview with PSW #114, they stated that resident #003's call bell was tucked in with resident #005's blanket. The PSW further stated that the call bell must be accessible to the resident at all times as indicated in the care plan.

In an interview with the Co-Director of Care (Co-DOC), they stated that resident #003's call bell is a commonly used item by the resident. The Co-DOC further stated that the resident's call bell must be accessible to the resident at all times to reduce or mitigate fall incidents. [s. 17. (1) (a)]

***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 is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times, 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. 79.  
Posting of information**



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

**s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).**

**Findings/Faits saillants :**

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, if any, established by the regulations.

According to the Long-Term Care Homes (LTCH) Act, 2007, section 79 (3) (f), the licensee shall ensure that the written procedure, provided by the Director, for making complaints to the Director, together with the contact information to the Director, or the contact information of a person designated by the Director to receive complaints, be posted in the home.

Inspector #687 conducted an interview with RN #105 regarding a Critical Incident (CI) Report submitted to the Director in relation to resident #001's abuse incident from a visitor. During the interview, the RN stated that they were not aware of the location and the number of the Ministry of Health and Long Term Care (MOHLTC) Hotline in case a resident or staff member had a complaint.

The Inspector conducted a tour of the home and observed a posting on the left wall at the entrance of a particular hallway, which indicated under the MOHLTC contact information heading – "Duty to Protect". The document was printed on an specified size of paper and was encased in a protective plastic cover, folded in half and the remaining information was concealed. The MOHLTC information was substantially high from the floor and access to the information from the protective plastic cover casing was not possible at that time.

In an interview with resident #004, they stated that they were not aware of the number of the MOHLTC Hotline if they wanted to lodge a complaint.

In an interview with PSW #106, the PSW stated that they were not aware of the number of the MOHLTC Hotline posted in the nursing home.



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In an interview conducted by Inspector #687 with RPN #113, the RPN verified that they were not aware of the location of the poster or information and the number of the MOHLTC Hotline if a resident or staff member would like to lodge a complaint.

In an interview with the Administrator, they acknowledged that the location of the MOHLTC Hotline information was not accessible to residents and staff as it was located too high from the floor and the information does not stand out. The Administrator stated that they will post the MOHLTC Hotline poster where it can be clearly seen and read by all staff members and residents. [s. 79. (1)]

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**Issued on this 27th day of September, 2018**

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

**Original report signed by the inspector.**