



**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

| Report Date(s) / Date(s) du rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| Jun 6, 2016 | 2016_301561_0015 | 024700-15 | Critical Incident System |

Licensee/Titulaire de permis

PEEL HOUSING CORPORATION
10 Peel Centre Drive, Suite A BRAMPTON ON L6T 4B9

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

VERA M. DAVIS NURSING HOME
80 Allan Drive Bolton ON L7E 1P7

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

DARIA TRZOS (561)

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): April 25, May 4, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (DOC), the registered staff, family member and residents.

During the course of the inspection the Inspector observed the provision of care, interviewed staff, reviewed clinical records, and reviewed relevant policies and procedures.

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

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)

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system put in place was complied with.

A) The home's policy called "Code of Conduct", policy number HR02-01, effective date July 25, 2008, indicated "employees are expected to behave in accordance with the Regional Values in all of their interactions with co-workers, clients, volunteers, Council, Residents, community agencies, external groups and with other Regional Staff. Employees are to conduct themselves in a professional manner and in doing so effectively represent the Region with clients and suppliers and in all dealings in the community".

On an identified date in 2015 a conversation was overheard between registered staff #100 and resident #001 by a visitor. As per the family member, registered staff #100 was verbally abusive towards resident #001. The family member reported the incident to the home the next day. The home had commenced an investigation. The Critical Incident Report submitted to the Ministry of Health and Long Term Care.

The investigation completed by the home concluded that the incident could not be confirmed as abuse, even though the complainant was a credible source. The resident was interviewed during the inspection and denied the events but did confirm that they did not get along with registered staff #100. The registered staff #100 was interviewed and denied the incident. The Acting Director of Care (DOC) was interviewed and indicated that after the investigation the home concluded that they could not verify the concern as both the resident and registered staff member denied the events that occurred. The registered staff was instructed to review the Abuse policy and Resident's Bill of Rights.

The home failed to ensure that the Code of Conduct policy was not complied with.

B) The policy called "Reporting and Managing concerns, complaints", policy number LTC1-05.05, effective date November 4, 2010, indicated that there is a process in the home for handling and lodging complaints. Concerns that cannot be resolved within 24 hours, need to be documented in a LTC Complaint Form (IDF-10).

The home's binder for lodging complaints was reviewed and the written concern raised



by a family member in relation to care of resident #001 was not documented in a LTC Complaint Form. The Acting DOC was interviewed and confirmed that this concern should have been lodged in the binder as indicated in the home's policy. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a written complaint that had been received concerning the care of a resident or the operation of the home was immediately forwarded to the Director.

A complainant has forwarded a written concern related to alleged verbal abuse of resident #001 to the home. The home had not submitted the written complaint to the Director.

The home's policy called "Reporting and Managing concerns, complaints", policy number LTC1-05.05, effective date November 4, 2010, indicated that "any individual who registers a concern will be informed of the results of the investigation. The Administrator will respond within 10 working days to all residents' legal representatives' formal requests, suggestions and complaints, indicating a possible plan of action. If a complaint cannot be resolved within 10 business days of receiving the complaint, the administrator will send an acknowledgement of receipt of the complaint within 10 business days of receiving the complaint and include the date when a follow up response can be expected. After resolution, a follow up letter will be forwarded to the resident/SDM of the results of the complaint. Furthermore, The Director of the Long Term Care Division and MOHLTC Regional Office will receive a copy of all written complaints received by the centre including a description of the follow-up actions".

The Acting DOC confirmed that this concern was not forwarded to the Director when it was received by the home and the home did not follow the home's policy. [s. 22. (1)]

Issued on this 29th day of June, 2016

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

Original report signed by the inspector.