Ontario

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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 22, 2016	2016_301561_0024	022995-16, 029762-16	Critical Incident System

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

BRIERWOOD GARDENS
425 PARK ROAD NORTH BRANTFORD ON N3R 7G5

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

DARIA TRZOS (561)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 19, 20, 24, 2016

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), RAI Coordinator, Ward Clerk, Registered Staff including Registered Nurses (RNs), and Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members and residents.

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

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 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 licensee has failed to ensure that the policy that promotes zero tolerance of abuse and neglect of residents was complied with.

The home’s "Abuse and Neglect", policy LP-C-20-ON, last revised: September 2014, indicated that:

"Any staff member or person who becomes aware of and/or has reasonable grounds to suspect abuse or neglect of a resident must immediately report that suspicion and the information on which it is based to the Executive Director (ED) of the home or, if unavailable, to the most senior supervisor on the shift at that time.
Mandatory reporting under the "Long Term Care Homes Act, 2007": section 24(1) of the LTCHA, requires any 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 was based to the Director of Long Term Care homes: abuse of a resident by anyone, or neglect of a resident by the licensee or staff member that resulted in harm or a risk of harm to the resident".

A) On an identified date in 2016, resident #001 reported an allegation of abuse to a PSW. PSW #110 reported this allegation to the registered staff on duty. The health care records and interview with the ED confirmed that there was an investigation completed but the allegation was not reported to the Director.

B) On an identified date in 2016, family member #116 reported an allegation of abuse towards resident #001 to the home. The home also received a concern from the same family member about staff members about care related issue. Both allegations were not reported immediately to the Director.
The ED confirmed that the incidents should have been reported immediately to the Director.

C) On an identified date in 2016, family member #116, reported to the home an allegation of abuse towards resident #001. The CI report was not submitted to the Director immediately. The ED confirmed that allegation of any type of abuse should be reported to the Director immediately and confirmed that it was not done.

The home's "Abuse and Neglect" policy was not 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 policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident who was incontinent and had an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, had that plan implemented.

A Critical Incident submitted to the Director indicated that on an identified date in 2016, PSWs #112 and #115 failed to provide care to resident #001. PSW #115 was interviewed and confirmed that the resident needed assistance; however, the shift ended and resident did not receive assistance. The oncoming shift was not notified that resident needed assistance. PSW #112 was not available for an interview. Interview with the ED confirmed the events and indicated that the staff should have stayed and provided care to the resident.

The home has failed to ensure that the plan for the resident was implemented. [s. 51. (2) (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 to ensure that each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, to be implemented voluntarily.

WN #3: 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 instituted or otherwise put in place was in compliance with and was implemented in accordance with all applicable requirements under the Act.

Resident #001's health care records were reviewed and indicated that resident had an alteration in skin integrity on an identified date in 2016; however, no previous documentation was found prior to that date.The registered staff #102 was interviewed and confirmed that the resident had an alteration in skin integrity, but the staff in the home were not aware of the procedures specifically to what to do in that case. The registered staff indicated that there was no policy in place to direct staff as to what needed to be done when this type of an alteration in skin integrity was noted prior to August 2016. The home had implemented a new policy in August 2016, effective date August 31, 2016, which provided direction to staff as to what steps were required to complete when this type of alteration in skin integrity occurred. The ED confirmed that prior to August 2016, there was no formal process or policy in place for this.
The licensee had failed to ensure that the policy, procedure or protocol was in compliance with all applicable requirements under the Act. [s. 8. (1) (a)]

Issued on this 2nd day of February, 2017

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

Original report signed by the inspector.