



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 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 5, 12, 13, 2011	2011_054133_0005	Mandatory Reporting

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

LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with the acting Administrator, the Director of Care, the office manager, one Registered Nurse, three Registered Practical Nurses, three Personal Support Workers, one housekeeping services staff person, one restorative care program staff person and by telephone, a resident's family member.

During the course of the inspection, the inspector(s) conducted a walk-through of all resident home areas and various common areas, observed residents, observed staff practices and interactions with the resident. The inspector reviewed the home's investigation notes related to the incident of alleged abuse that occurred on June 8, 2011, the home's "Resident Non Abuse" policy LP-B-20 with revision date April 2011, the licensee's "Resident Non-Abuse & S.T.O.P. Abuse Intervention" training program and home records related to abuse training and attendance.

The following Inspection Protocols were used in part or in whole during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<p>Definitions</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Définitions</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. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A 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 is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.**
- 4. Misuse or misappropriation of a resident's money.**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).**

Findings/Faits sayants :

1. As it relates to s. 24(1)2: At 16:30 on June 8, 2011, a resident reported to a Registered Nurse (RN) that when staff on the day shift were changing their brief they were too rough. The RN investigated and assessed that the resident had a bruise on their right forearm. The RN reported this to the Associate Director of Care (ADOC) in place at the time as per the home's internal reporting process. Both the ADOC and the RN had reasonable grounds to suspect that abuse of a resident had occurred and neither reported this to the Director immediately. The Director was only notified of the suspicion of abuse and the information upon which it was based the following afternoon, June 9, 2011 at 14:29. The Director was notified by the Director of Care, by way of an electronic Mandatory Report submission.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,**
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**

Findings/Faits sayants :

1. As it relates to s. 96 (b): The licensee's written policy to promote zero tolerance of abuse and neglect of residents, LP-B-20 "Resident Non-Abuse" does not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents.

WN #3: 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 sayants :

1. On June 8, 2011 at 16:30, a resident reported to a Registered Nurse (RN) that staff on the day shift were rough with them while changing their soiled brief. The resident also showed the RN a bruise on their right forearm which they said was incurred as a result of the rough treatment. An investigation was conducted by the Director of Care. It was determined that a certain Personal Support Worker (PSW) had provided care to the resident during the afternoon of June 8, 2011 and that the PSW had caused the bruise on the resident's right forearm by holding it too firmly while changing the soiled brief.

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 with ensuring that residents are protected from abuse by anyone, to be implemented voluntarily.

WN #4: 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).

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(a) shall provide that abuse and neglect are not to be tolerated;

(b) shall clearly set out what constitutes abuse and neglect;

(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;

(d) shall contain an explanation of the duty under section 24 to make mandatory reports;

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;

(f) shall set out the consequences for those who abuse or neglect residents;

(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and

(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits sayants :

1. As it relates to s. 20(1): As per the home's Resident Non Abuse policy (LP-B-20), any form of abuse by any person interacting with residents is forbidden. An incident of staff to resident abuse occurred June 8, 2011 involving a resident and a Personal Support Worker.

2. .

As it relates to s. 20(1): As per the Revera Resident Non Abuse policy (LP-B-20), all persons interacting with residents on a regular basis will complete the Revera Non Abuse and S.T.O.P. Abuse intervention training program upon hire and/or before commencing work, and annually thereafter. A review of documentation related to the education received by staff at Lakehead Manor for 2010 and 2011, given to Long Term Care Home Inspector (LTCHI) #133 by the Director of Care, indicates that of the 7 staff members interviewed by LTCHI #133 during the inspection, 4 did not complete the training program in 2010 or 2011. These staff persons interact with residents on a regular basis.

3. .

As it relates to s. 20(2)d: The policy to promote zero tolerance of abuse and neglect of residents, policy LP-B-20 "Resident Non -Abuse", does not contain an explanation of the duty under section 24 of the Act to make mandatory reports.

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 with ensuring that the policy to promote zero tolerance of abuse and neglect of residents is complied with and contains an explanation of the duty under section 24 to make mandatory reports, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act

Specifically failed to comply with the following subsections:

s. 104. (2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director. O. Reg. 79/10, s. 104 (2).

Findings/Faits sayants :

1. The Director was initially informed of the alleged abuse of a resident on June 9, 2011 by way of an electronic Mandatory Report submission. The alleged abuse investigation was concluded on June 10, 2011. On July 5, 2011, Long Term Care Homes Inspector (LTCHI) #133 arrived at Lakehead Manor to conduct an inspection related to this matter. Only upon discussion with LTCHI #133 on July 5, 2011 did the Director of Care then report the results of the alleged abuse investigation. The report was made to the Director on July 5, 2011 by way of an amended Mandatory Report.

WN #6: 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 subsections:

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

Findings/Faits sayants :



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prévus le Loi de 2007 les
foyers de soins de longue**

1. As it relates to s. 8(1)a: As per LTCHA, 2007, S.O. 2007, c.8, s. 20(1), every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents.

In the Revera Resident Non Abuse policy (LP-B-20), in procedure #11, page 5 of 8, it is indicated that "All persons interacting with Residents/clients on a regular basis will complete Revera's Non Abuse and S.T.O.P. Abuse intervention training program upon hire and/or before commencing work, and annually thereafter".

As per LTCHA 2007, S.O. 2007, c.8, s. 76, all staff hired since July 2010 must have received training in the area of the long term care home's policy to promote zero tolerance of abuse and neglect of residents and the duty to report under section 24 to make mandatory reports, before they perform their responsibilities. This training is to occur annually. At Lakehead Manor, training in the areas noted above is provided in the Revera's Non Abuse and S.T.O.P. Abuse intervention training program.

The Revera policy is not in compliance with the Act because it qualifies that it is only persons who interact regularly with residents who will complete the training as opposed to all staff at the home, regardless of their level of interaction with residents.

Issued on this 15th day of July, 2011

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