



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
Direction de l'amélioration de la performance et de la conformité

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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 10, 11, 18, 19, 20, 2012	2012_054133_0029	Complaint

Licensee/Titulaire de permis

WIKWEMIKONG NURSING HOME LIMITED
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0

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

WIKWEMIKONG NURSING HOME
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0

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 Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, a Registered Nurse and a maintenance services staff person.

During the course of the inspection, the inspector(s) reviewed the home policy titled "Resident Complaints, Documentation Of" (revision date April 2008), reviewed the home's admission contract, reviewed documentation related to previously reported Critical Incidents and non reportable internal incidents that were addressed by the Administrator/Director of Care and observed areas throughout the home where information is posted.

Note: This inspection is related to two complaints, each of which are associated with two log numbers. These are S-00416-12, S-000438-12 and S-000434-12, S-000549-12.

The following Inspection Protocols were used during this inspection:

Admission Process

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

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
<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. 21. Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. 2007, c. 8, s. 21.

Findings/Faits saillants :

1. The inspector reviewed the licensee's written complaint procedure, entitled "Resident Complaints, Documentation Of" (revised April 2008). The inspector noted that the policy does not comply with the regulations as related to complaints, specifically O. Reg 79/10, s. 100, s. 101 and s.103. The licensee has failed to ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. [LTCHA, 2007, c.8, s.21]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
- (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The admission contract was reviewed by the inspector and it is noted that it does not include the home's procedure for initiating complaints to the licensee. The Administrator/Director of Care (Admin/DOC) confirmed that this admission contract represents the package of information as required by LTCHA, 2007, c8, s.78. The Admin/DOC informed the inspector that at the initial admission meeting, where the admission contract is reviewed, she verbally informs the persons present that if they have any complaints they can see her to lodge a complaint or they can contact the Ministry of Health and Long Term Care as per the information provided in the admission contract. The licensee has failed to ensure that the package of information given to every resident and to the substitute decision-maker of the resident, if any, at the time that the resident is admitted, includes the long term care home's procedure for initiating complaints to the licensee. [LTCHA, 2007, c.8, s.78(2)e]

WN #3: 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 subsections:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights;
 - (b) the long-term care home's mission statement;
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
 - (d) an explanation of the duty under section 24 to make mandatory reports;
 - (e) the long-term care home's procedure for initiating complaints to the licensee;
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
 - (h) the name and telephone number of the licensee;
 - (i) an explanation of the measures to be taken in case of fire;
 - (j) an explanation of evacuation procedures;
 - (k) copies of the inspection reports from the past two years for the long-term care home;
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
 - (p) an explanation of the protections afforded under section 26; and
 - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)
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Findings/Faits saillants :

1. On July 10th 2012 it was noted by the inspector that the long term care home's procedure for initiating complaints to the licensee was not posted in a conspicuous location. The written procedure, entitled "Resident Complaints, Documentation Of" (revised April 2008) was tacked up on the bulletin board at the main entrance yet it was beneath the policy to promote zero tolerance of abuse and neglect of residents. This bundle of policies was located below the heading "Wkwemikong Nursing Home Infection Control Committee". The licensee has failed to ensure that the long term care home's procedure for initiating complaints to the licensee is posted in the home in a conspicuous and easily accessible location. [LTCHA, 2007, c.8, s.79(3)(e)]
2. On July 10th 2012 it was noted by the inspector that the following required information was not posted in the home: the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints. The inspector observed that there is a heading above the bulletin board that reads "Ministry of Health Complaint Process", yet the information found below that heading at the time of the inspection was the home's policy entitled "Prevention and Management of Hot Weather Related Illness" (ADM-560, revised July 21/11). The licensee has failed to ensure the required information is posted in the home in a conspicuous and easily accessible location. [LTCHA, 2007, c.8, s. 79.(3)f]
3. On July 11th 2012 the inspector noted that the name and telephone number of the licensee is not posted in the home. The inspector observed that there is a heading above the bulletin board that reads "Wkwemikong Nursing Home Board Members" yet the information posted below this heading was a Wkwemikong Nursing Home Compliance Status Report. The licensee has failed to ensure that the name and telephone number of the licensee is posted in the home in a conspicuous and easily accessible manner. [LTCHA, 2007, c.8, s.79(3)(h)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,

i. what the licensee has done to resolve the complaint, or

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. During the on-site Complaint Inspection that occurred July 10th-11th 2012, the inspector asked the Administrator to produce the documented record of complaints as described in O. Reg 79/10 s.101(2). The Administrator advised the inspector that such a record is not kept in the home. The licensee has failed to ensure that a documented record is kept in the home that includes all of the information as is described in O. Reg 79/10, s.101(2). [O. Reg 79/10, s.101(2)]

2. On a day in March 2012, a visitor to the home observed staff person #S100 asleep in a chair in a common area in the home for approximately 20 minutes. After observing this, the visitor brought this forward as a verbal complaint to the Administrator/Director of Care (Admin/DOC). The Admin/DOC informed the inspector that she did follow up with staff person #S100 following receipt of the complaint and it was confirmed that staff person #S100 did fall asleep in that location during their break. The Administrator/Director of Care acknowledged to the inspector that a response was not provided to the complainant following receipt of the complaint. The licensee has failed to ensure that a response that complies with paragraph 3 was provided to the complainant within 10 business days of having received the verbal complaint. [O. Reg 79/10, s.101(1)] (Note: finding #2 is associated with Log # S-000416-12 and S-000438-12)

Issued on this 20th day of July, 2012



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Long-Term Care

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Homes Act, 2007

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Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

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

Jessica Lapensee