

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection prévue
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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 31, 2019	2019_643111_0016	030009-18	Complaint

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

The Willows Estate Nursing Home
13837 Yonge Street AURORA ON L4G 3G8

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 10-14, 17-19, 21 and 24-25, 2019

A complaint (Log #030009-18) was inspected related to personal care.

A Voluntary Plan of Correction (VPC) related to O. Reg. 79/10, s.8(1)(b) and a Written Notification (WN) related to O.Reg.79/10, s.101(3), identified in concurrent inspection #2019_643111_0015 (Log #003603-19, 003150-19 and 031239-18) will be issued in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care (A-DOC), Clinical Care Coordinator (CCC), Registered Nurses (RN), Director of Operations Omni (DOO), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeper (HSK) and Activity Aide (AA).

During the course of the inspection, the inspector reviewed the health records of two deceased residents, reviewed the home's complaints, reviewed investigations and reviewed the home's prevention of abuse and neglect and complaints policy.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 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>Légende</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 :

The licensee has failed to ensure that any procedure that the licensee is required to have, instituted or otherwise put in place was complied with.

Under the LTCHA, 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.

Review of the licensee's "Complaints Procedure" policy (#AM-6.1) revised November 1, 2010 indicated under procedures, any complaint given to a staff member, whether verbal or written, shall be directed or communicated immediately to the Administrator. The complaint investigation may require or include an interview with the complainant, staff in the home, family members, review of the resident's clinical record, request for witness reports, etc. All details and information related to the investigation shall be recorded and documented. The policy included a concern/complaint report form, that was to be filled out.

During an interview with Administrator, they indicated that any staff who receive a verbal or written complaint, were to complete the concern/complaint form and forward to the Administrator. The Administrator indicated they would then follow up with the complainant, to attempt to resolve the complaint and complete the rest of the complaint form. The Administrator indicated all of the complaints received were placed in the complaints binder.

A complaint was received by the Director, on a specified date from the family of resident #001, indicating they had reported ongoing complaints to the Administrator and the former DOC of the home regarding the resident's hygiene and continence care not being

provided and their complaints were not resolved.

Review of the health record for resident #001 indicated the resident was admitted to the home on a specified date with diagnosis that included cognitive impairment. The resident is no longer in the home. Review of the progress notes indicated the resident's Substitute Decision Maker (SDM) had ongoing verbal complaints to RPN #124, #125, #126, RN #100, #105, the acting DOC and the Administrator on specified dates, regarding improper care, including hygiene and continence care not provided.

The Inspector was unable to speak to RPN #124 and #125.

During an interview with RN #100, they indicated whenever they receive a verbal complaint from family about resident care, they discuss the complaint with staff to get information and then report the complaint to the DOC, the acting DOC or the Administrator. The RN indicated they would also discuss the complaint at report to ensure staff follow up. The RN indicated they would document the complaint in the resident's progress notes under "family concerns". The RN indicated no awareness that a complaint form was to be completed as per the home's complaint policy and confirmed the form was not completed for any of the complaints they received from the SDM of resident #001. The RN confirmed their complaints were not resolved and they had reported all of the complaints to the acting DOC and the Administrator.

During an interview with the Acting DOC (A-DOC), they indicated when they received a verbal complaint from a family regarding resident care, they would discuss the complaint with family, follow up with the resident, inform the physician and if the complaint was not resolved or the family remained upset, they would notify the Administrator. The A-DOC indicated they would document the complaint in the resident's progress notes and include any actions taken, report to the oncoming shift to continue to monitor. The A-DOC indicated awareness of the home's complaint policy regarding the complaint form that was to be completed and indicated the former DOC or Administrator would normally complete the complaint forms. The A-DOC indicated awareness that the SDM of resident #001 had ongoing complaints regarding the resident not receiving continence care and receiving assistance with meals that were not resolved and they did not complete a complaint form, as per the home's policy.

Review of the complaints binder for a specified period, indicated there were no documented verbal complaints received, by the SDM of resident #001.

During a later interview with Administrator, they denied being aware of any verbal complaints received by the SDM of resident #001 during a specified period, despite documentation in resident's #001's progress notes, that indicated the Administrator was made aware of the complaints. The Administrator confirmed that there were no complaint forms completed for any of the verbal complaints received from the SDM of resident #001, that were unresolved, in the home's complaints binder, as per the home's policy.

2. The following non-compliance found within report #2019_643111_0015 will be issued here.

A written complaint was received by the home, on a specified date, by the family of resident #002 and reported concerns regarding a fall incident that occurred on a specified date and time, that resulted in an injury to the resident, as a result of improper care.

During an interview with the Administrator, they indicated the Director of Operations Omni (DOO) had received the written complaint from the SDM of resident #002, regarding concerns with improper care and neglect on a specified date. The Administrator indicated the DOO had submitted a response to the complainant the following day, acknowledging the complaint. The Administrator indicated they became aware of the written complaint at that time.

During an interview with the Director of Operations Omni (DOO), they indicated a written complaint letter was received for resident #002 on a specified date and they submitted a written response to the complainant, acknowledging the complaint and also submitted the written complaint to the Administrator, the same day. The DOO indicated they responded in writing a second time to the complainant approximately 10 days later, to indicate a response would be provided to the SDM at a later date and that was when the complaint was submitted to the Director. The DOO indicated they sent a final written response to the complainant approximately a month after the initial complaint was received, after the investigation was completed.

Review of the complaints binder indicated there was one written complaint received by the family of resident #002. There was no indication of a complaint/concern form completed to indicate when the written complaint was first received, what actions were taken, by whom and the final resolution, as per the home's policy.

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 any policy instituted or otherwise put in place was complied with, specifically the complaints policy, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

The licensee has failed to ensure that the documented record of complaints received, were reviewed and analyzed for trends, at least quarterly.

During an interview with Administrator, they indicated they reviewed all complaints received on a quarterly basis at the Quality Management meetings. The Administrator confirmed they did not have any written record to indicate a review and analysis was completed of complaints received for trends, or to indicate any of the verbal complaints received by the family of resident #001 and #002 were reviewed on a quarterly basis to determine what improvements were required in the home.

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 a documented record is kept in the home that included: the nature of each verbal or written complaint, the date the complaint was received, 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, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant, to be implemented voluntarily.

Issued on this 4th day of October, 2019

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

Original report signed by the inspector.