



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
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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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 20, 2013	2013_031194_0044	001030-13	Complaint

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 13 & 14, 2013

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Unit Manager (UM), Registered Nurse (RN), Registered Practical Nurse (RPN), Physician, Behavioural Support Ontario (BSO) staff, Personal Support Workers (PSW), Housekeeping staff and complainant.

During the course of the inspection, the inspector(s) reviewed the clinical health records of identified resident, BSO documentation, psychiatric consultation notes, Medication Administration Records, internal incident reports, observed identified resident, and staff/resident interaction in the provision of care.

The following Inspection Protocols were used during this inspection:
Responsive Behaviours

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



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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 O.Reg 79/10, s. 54. Altercations and other interactions between residents
Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and
(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

Findings/Faits saillants :



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Long-Term Care

Inspection Report under
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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
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1. The licensee failed to comply with O Reg 79/10 s. 54(b) when procedures or interventions were not developed and implemented to assist residents and staff who are at risk of harm as a result of resident #1's increased behaviours, and that minimize the risk of altercations and potentially harmful interactions between the among residents.

Resident #1 is a cognitively impaired individual with a responsive behaviour. This behaviour has increased in frequency and intensity since a change to the resident's plan of care was initiated 2 months ago, resulting in altercations with other residents and staff.

Staff and physician interviewed have confirmed that resident #1's plan of care changes have resulted in an increase in responsive behaviour.

PSW and RPN staff interviewed have stated that interventions in place at this time are not effective, since the change in the plan of care has occurred. Resident #1 is frequently directed to the bedroom by staff to minimize the behaviour.

-On five identified dates the progress notes and internal incident reports confirm that resident #1 exhibited responsive behaviours.

-On an identified date resident #1 exhibited a responsive behaviour and was yelled at by a co-resident.

-On an other identified date resident #1 was redirected numerous times to prevent the responsive behaviour. Resident # 1 exhibited the responsive behaviour and was hit 3 times by co-resident.

-On an identified date resident #1 a staff member was injured when the resident exhibited a responsive behaviour

-On an identified date resident # 1 exhibited the responsive behaviour and injured staff during care.

-On the following day resident #1 exhibited the responsive behaviour and injured staff during care.



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 22nd day of November, 2013

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

Chantal Lafrenière (194)



Ministry of Health and
Long-Term Care

Ministère de la Santé et
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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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Name of Inspector (ID #) /
Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194)

Inspection No. /
No de l'inspection : 2013_031194_0044

Log No. /
Registre no: 001030-13

Type of Inspection /
Genre d'inspection: Complaint

Report Date(s) /
Date(s) du Rapport : Nov 20, 2013

Licensee /
Titulaire de permis : MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

LTC Home /
Foyer de SLD : ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : Paul O'Krafka

To MARYCREST HOME FOR THE AGED, you are hereby required to comply with
the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

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Order(s) of the Inspector
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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 54. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

Order / Ordre :

The licensee shall ensure that interventions are identified and implemented to minimize the risk of altercation and potentially harmful interactions between resident #1 and other residents.

- Immediate interventions are implemented to minimize the risk to other residents
- On going interventions to be implemented after further assessment from the interdisciplinary team

Grounds / Motifs :



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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1. Resident #1 is a cognitively impaired individual with a responsive behaviour. This behaviour has increased in frequency and intensity since a change to the resident's plan of care was initiated 2 months ago, resulting in altercations with other residents and staff.

Staff and physician interviewed have confirmed that resident #1's plan of care changes have resulted in an increase in responsive behaviour.

PSW and RPN staff interviewed have stated that interventions in place at this time are not effective, since the change in the plan of care has occurred. Resident #1 is frequently directed to the bedroom by staff to minimize the behaviour.

- On five identified dates the progress notes and internal incident reports confirm that resident #1 exhibited responsive behaviours.
- On an identified date resident #1 exhibited a responsive behaviour and was yelled at by a co-resident.
- On an other identified date resident #1 was redirected numerous times to prevent the responsive behaviour. Resident # 1 exhibited the responsive behaviour and was hit 3 times by co-resident.
- On an identified date resident #1 a staff member was injured when the resident exhibited a responsive behaviour
- On an identified date resident # 1 exhibited the responsive behaviour and injured staff during care.
- On the following day resident #1 exhibited the responsive behaviour and injured staff during care.

(194)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 20, 2013



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



Ministry of Health and
Long-Term Care

Order(s) of the Inspector
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Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et
des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



Ministry of Health and
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 20th day of November, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

Chantal Lafreniere

Service Area Office /

Bureau régional de services : Ottawa Service Area Office