



**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**

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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
Dec 12, 2013	2013_105130_0040	H-000208- 13,H-000711 -13	Critical Incident System

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF HALTON
1151 BRONTE ROAD, OAKVILLE, ON, L6M-3L1

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

POST INN VILLAGE
203 Georgian Drive, OAKVILLE, ON, L6H-7H9

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

GILLIAN TRACEY (130)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 3, 4, 5 and 10, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing and Personal Care, registered staff and personal support workers and residents.

During the course of the inspection, the inspector(s) interviewed staff and residents, reviewed clinical records, relevant policies, critical incident reports and investigation records.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation**

Findings of Non-Compliance were found during this inspection.



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>Legendé</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. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :



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1. The licensee did not ensure that the plan of care was reviewed and revised at least every six months or at any other time when the resident care needs changed.

a) In 2013, resident #002 sustained a fall, which resulted in injury. Upon return from hospital, the resident had a change in care needs and required specific interventions in place. Staff interviewed confirmed the plan of care was not updated to reflect the changes in care needs. Later in 2013, the resident had another change in condition. Staff confirmed the plan of plan was not updated to reflect the second change in condition. [s. 6. (10) (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 the plan of care is reviewed and revised at least every six months or at any other time when the resident care needs change, to be implemented voluntarily.

WN #2: 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:

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 saillants :



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1. The licensee did not ensure that all residents were protected from abuse by anyone.

a) In 2013, resident #001, reported to their family and staff, that they felt frightened by an identified staff member who regularly provided care. The resident reported they received rough treatment and were ignored by an identified staff member, while care was being provided. A staff member reported that on a date in 2013, they assisted a coworker with the resident's care, during which time the resident exhibited pain when repositioned. The staff member reported that the coworker repositioned the resident in a "forceful manner". The coworker confirmed to the home that they did not speak to the resident during care because the resident had called them a derogatory name. It was also reported that the coworker refused to address the resident by their preferred name. This information was confirmed by the resident, staff interviewed and investigation records. [s. 19. (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 all residents are protected from abuse by anyone, to be implemented voluntarily.

WN #3: 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 did not ensure that the written policy in place to promote zero tolerance of abuse and neglect of residents, was complied with.

a) The home's policy Prevention, Reporting And Elimination of Abuse and Neglect [03-13-02] indicated: "All other Services for Senior's Staff will: Fulfill their moral and legal obligation to report any incident of suspected, alleged or witnessed resident abuse or neglect. Failure to report will be considered collusion with the abuser or condoning abuse and neglect. Registered Staff will: Immediately report any incident of alleged, suspected or witnessed resident abuse or neglect to the Manager of Care, Director of Care or Administrator; provide residents involved in an alleged, suspected or witnessed abuse with immediate assessment and care/support."

b) In 2013, a personal support worker received disciplinary action for ignoring and refusing to speak to resident #001 when care was being provided, which make the resident feel threatened by the staff member.

c) In 2013, four other personal support workers received disciplinary action for failing to report to the registered staff or manager, concerns that were raised by resident #001, that they were being treated in a rough manner by staff and that staff were mean to them.

d) In 2013, an identified registered staff received disciplinary action for failing to follow-up on a report from resident #001 that they were feeling threatened by an identified staff member. [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 written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.



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Issued on this 12th day of December, 2013

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

A handwritten signature in cursive script, appearing to read "J. J. J.", written in black ink on a white background.