Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Telephone: 519-675-7680
Facsimile: 519-675-7685

Bureau régional de services de London
291, rue King, 4iém étage
London ON N6B 1R8

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 4, 2011	2011_128_9627_03May154128	L-00439-11 - Critical Incident

Licensee/Titulaire
The Corporation of the County of Middlesex, c/o Strathmere Lodge, 599 Albert Street, P.O. Box 5000, Strathroy , ON N7G 3J3

Long-Term Care Home/Foyer de soins de longue durée
Strathmere Lodge, 599 Albert Street, P.O. Box 5000, Strathroy, ON N7G 3J3

Name of Inspector/Nom de l'inspecteur
Ruth Hildebrand (ID #128)

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with the Administrator and 2 Registered Practical Nurses.

During the course of the inspection the inspector reviewed the resident record and admission package for one resident. Posted information, as well as policies and education related to abuse prevention were reviewed during the inspection.

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

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

5 WN
5VPC

Revised for Publication

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the **LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:
The home has a written policy #ADA 007, dated January 10, 2011 that promotes zero tolerance of abuse and neglect of residents. However, the home's policy was not followed related to procedures regarding staff notifying their immediate supervisor as well as immediate reporting to the MOHLTC.

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.

WN #2: The Licensee has failed to comply with **LTCHA, 2007, S.O. 2007, c.8, s. 20(3)**
Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers.

Findings:
There is no documented evidence to support that the policy to promote zero tolerance of abuse and neglect of residents is communicated to residents and their substitute decision makers. The Administrator confirmed that the policy is not posted nor is it provided in writing at the time of a resident admission.

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 policy to promote zero tolerance of abuse and neglect of residents is communicated to all residents and residents' substitute decision-makers, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with **LTCHA, 2007, S.O. 2007, c.8, s. 24(1)2**
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:
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.

Findings:
The initial incident of verbal and physical abuse of a resident occurred on [redacted].but was not reported to the MOHLTC until March 15, 2011 at 3:27 p.m.

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 person who has reasonable grounds to suspect that abuse of a resident by anyone has occurred shall immediately report the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with **O. Reg. 79/10, s. 104 (1) 4i and ii**
In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:
4. Analysis and follow-up action, including,
i. the immediate actions that have been taken to prevent recurrence, and
ii. the long-term actions planned to correct the situation and prevent recurrence.

Findings:
The home's report to the Director, dated March 15, 2011 noted that the police were investigating and would advise them regarding the [redacted] visiting but it did not provide the MOHLTC with long-term actions that were planned to correct the abuse to a resident by his/her visiting [redacted] and prevent recurrence.

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 reports to the Director include long-term actions planned to correct the situation and prevent recurrence, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with **O. Reg. 79/10, s.129(1)(a)(ii)**
Every licensee of a long-term care home shall ensure that,
(a)drugs are stored in an area or a medication cart,
(ii) that is secure and locked.

Findings:
On May 4, 2011, at 11:32a.m., on the Bear Creek secure unit, the medication room was found with the door wide open and unattended. There was an unlocked medication cart, an unlocked treatment cart as well as unlocked cupboards containing medications and treatments in the room. The Administrator was on the unit with MOHLTC inspector and confirmed that this was a risk.

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 drugs are stored in an area that is secure and locked, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. May 5, 2011 Ruth Hildebrand
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).