Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: August 6, 2024
Inspection Number: 2024-1619-0003
Inspection Type: Critical Incident Complaint Follow up
Licensee: The Corporation of Norfolk County
Long Term Care Home and City: Norview Lodge, Simcoe

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 11 - 14, 17 - 21, and 24 - 26, 2024

The following intakes were inspected:

- Intake: #00110965 - CIS: M624-000007-24, related to falls prevention and management
- Intake: #00112909 - Complaint related to the prevention of abuse and neglect
- Intake: #00113521 - Follow-up #: 1 - CO (HP) #001/2024_1619_0002, related to medication management
- Intake: #00119293 - CIS: M624-000012-24, related to the prevention of abuse and neglect

Previously Issued Compliance Order(s)

The following previously issued Compliance Order was found to be in compliance:
Order #001 from Inspection #2024-1619-0002 related to O. Reg. 246/22, s. 139 1.

The following **Inspection Protocols** were used during this inspection:

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Duty to Protect

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Using a multidisciplinary team approach, review the homes policies and procedures and revise as required, to address the management of the specified areas related to responsive behaviours and abuse.
2. The multidisciplinary team must include but is not limited to the specified staff members.
3. The multidisciplinary team must meet a minimum of one time.

4. Maintain a written record of the meeting minutes, including a list of attendees, the date of the meeting(s), discussions, including any plans to revise the homes policies and procedures and the implementation processes.

Grounds:

The licensee has failed to protect seven residents from sexual abuse by other residents.

Ontario Regulation 246/22 section two defines sexual abuse as "any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; ("mauvais traitements d'ordre sexuel")"

Rationale and Summary:
Staff acknowledged that although they were aware of the incidents involving the residents, they did not view the incidents in the context of sexual abuse, although acknowledged that they should have.

As a result of failing to recognize the risk of sexual abuse to the residents, the steps required to ensure that the seven residents were protected from sexual abuse were not put in place, and the residents remained at risk for harm.

Sources: Residents' progress notes and interviews with staff.

This order must be complied with by September 13, 2024

COMPLIANCE ORDER CO #002 Policy to Promote Zero Tolerance

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Audit the Care Plan for the specified resident once a week to ensure that they reflect the current behaviours and interventions required to reduce the risk of adverse resident interactions. Maintain a written record of the date(s) and time(s) of the audits, the name(s) of the person(s) who completed the audits, the outcome of the audits and any corrective action taken because of the audits results until this order is complied.
2. Educate all registered nursing staff on the documentation and assessment requirements for incidents involving the specified abuse. Maintain a written record of the education provided, the person(s) who delivered the education, the names of the staff members who attended the education and the date(s) and time(s) the education took place.
3. Educate all staff who meet the homes operational requirements to complete investigations into alleged, suspected or confirmed abuse, on the requirements to initiate an investigation, the investigation process and

documentation requirements. Maintain a written record of the education provided, the person(s) who delivered the education, the names of the staff members who attended the education and the date(s) and time(s) the education took place.

Grounds:

The licensee has failed to ensure that they complied with their written policy to promote the zero tolerance of abuse and neglect of residents, for seven residents.

Rationale and Summary:
A. Policy #A-26 Zero Tolerance of Abuse and Neglect of Residents stated that a resident Care Plan shall reflect behaviours and appropriate interventions to reduce the risk of adverse resident interaction.

Staff acknowledged that the care plans did not reflect the residents' responsive behaviours for two residents.

B. Under procedures for investigating the allegation of abuse and neglect, the home's policy stated that all staff having knowledge of an incident were to document their observations and staff reported that they were expected to document the incident in an incident note for each of the residents involved.

Staff acknowledged that the documentation of the incidents between residents did not meet the home's expectations for the seven residents.

C. The policy stated registered staff were to complete a head-to-toe assessment on residents who had been abused or allegedly abused and recommend interventions to address any issues.

Staff acknowledged that the documentation did not support that this was completed for the seven residents.

D. The home's policy stated that the Administrator or designate shall investigate alleged or suspected abuse.

Staff acknowledged that they failed to recognize the risk of abuse to the seven residents, therefore, did not initiate investigations into the incidents until they were brought to the home's attention by the Inspector.

E. The home's policy stated that the Power of Attorney (POA)/Substitute Decision Maker (SDM) would be notified if applicable by the Administrator or Manager, Nursing and Personal Care of the abuse or alleged abuse.

Staff acknowledged that the documentation did not support that the residents' POA/SDMs were notified as required.

By failing to identify the risk of abuse to the residents, the home failed to implement their policy, placing the seven residents at ongoing risk of harm.

Sources: Residents' progress notes, residents' care plans, policy #A-26 Zero Tolerance of Abuse and Neglect of Residents (revised April 16, 2024), and interviews with staff.

This order must be complied with by October 1, 2024

COMPLIANCE ORDER CO #003 Reporting Certain Matters to Director

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) 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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Educate all staff on identifying the specified abuse, their duty to report, and the homes process for reporting alleged, suspected, or confirmed abuse. Maintain a written record of the education provided, the staff members who completed the education, the date(s) and time(s) the education occurred and the name(s) of the person(s) who provided the education.

Grounds:

The licensee, who had reasonable grounds to suspect the risk of abuse of seven residents, failed to report to the Director immediately.

Rationale and Summary:
Staff acknowledged that they did not recognize the risk of abuse and failed to take the steps to report the incidents as required.

As a result, there was a delay in the inspection and the risk to the seven residents continued.

Sources: Critical Incident report (CIS): M624-000012-24, Intake #00112909 Inquiry Notes, residents' progress notes, and interviews with staff.

This order must be complied with by October 1, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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