Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 25, 26, 27, Oct 4, 5, 2012	2012_128138_0033	Other

Licensee/Titulaire de permis

Kemptville District Hospital
2675 Concession Road, P.O. Bag 2007, KEMPTVILLE, ON, K0G-1J0

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

KEMPTVILLE DISTRICT HOSPITAL
2675 CONCESSION ROAD, P. O. BAG 2007, KEMPTVILLE, ON, K0G-1J0

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

PAULA MACDONALD (138)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with The Director Patient Services and Integration, Kemptville District Hospital CEO, a food service worker (FSW), several registered practical nurses (RPN), a personal support worker (PSW), Manager of Nutrition Services, Recreation Coordinator, residents, and a family member.
The inspection occurred on site September 27, 2012 and October 4, 2012.

During the course of the inspection, the inspector(s) toured the home including resident rooms, observed a lunch meal service, reviewed resident health records, reviewed the home's policies on abuse, and reviewed internal investigation documents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

Residents' Council

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
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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007 s. 3. (1) 2. in that every resident has the right to be protected from abuse.

The Director Patient Services and Integration became aware of several alleged incidents of emotional abuse by a PSW towards multiple residents while reviewing a report in July 2012 from external investigators hired by the home to investigate allegations of staff to staff bullying. Investigation documents and discussion with staff members involved confirmed that six staff members witnessed multiple incidents of alleged abuse to at least four different residents.

WN #2: 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 subsections:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(a) shall provide that abuse and neglect are not to be tolerated;
(b) shall clearly set out what constitutes abuse and neglect;
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
(f) shall set out the consequences for those who abuse or neglect residents;
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007 s. 20 (2) (b) (d) and (h) in that the policy to promote zero tolerance of abuse and neglect of residents did not provided for the following:

The home's policies relating to abuse, Managing Abuse, Violence and Harassment Prevention in the Workplace, and Patient/Resident Abuse and Neglect, provided by the Director Patient Services and Integration did not clearly define neglect, physical, emotional, verbal abuse, sexual, or financial abuse consistent with the definitions provided for in the regulations.

The policy did not contain an explanation of the duty to make mandatory reports that was consistent with s. 24 of the legislation.

The policy does not identify strategies and measures to prevent abuse and neglect [96. (c)].

The policy does not identify the training and retraining requirements for all staff [96 (e)] including training on the relationship between power imbalances between staff and residents and the potential for neglect by those in a position of trust, power and responsibility for resident care [96 (e) (i)] and situations that may lead to abuse and neglect and how to avoid such situations [96 (e) (ii)].

The policy does not provide direction to inform the resident's substitute decision maker of an alleged, suspected or witnessed incident of abuse as outlined in the regulations s. 97. (1) (a) and (b) nor does the policy provide direction to notify the resident's substitute decision maker of the results of the investigation [97. (2)].

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following subsections:

s. 23. (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,
(ii) neglect of a resident by the licensee or staff, or
(iii) anything else provided for in the regulations;
(b) appropriate action is taken in response to every such incident; and
(c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with. 2007, c. 8, s. 23 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10 s. 23. (1) (b) in that every licensee of a long term care home shall ensure that appropriate action is taken in response to every incident of resident abuse.

A FSW stated s/he heard a PSW make inappropriate comments and speak in an inappropriate tone to a resident during a lunch meal service. Documentation demonstrates this incident of alleged emotional abuse occurred in January 2012. The FSW stated s/he immediately reported the incident to his/her manager, the Nutrition Services Manager, who stated that she further reported the incident to the Manager of Nursing Services. The Nursing Manager is no longer employed at the home however there was no documentation to support that actions were taken in response to the alleged incident of emotional abuse. The PSW continued to work at the home as per usual until approximately six months after the incident when s/he was placed on leave while the home investigated allegations of staff to staff bullying. The PSW's leave was extended in while the home conducted an internal investigation into alleged incidents of emotion abuse to several residents. The PSW was not returned from leave and was terminated from his/her position for his/her conduct with both staff and residents.

2. The licensee failed to comply with O. Reg 79/10 s. 23. (1) (a) in that every licensee of a long term care home shall ensure that every alleged, suspected or witnessed incident of abuse of a resident by anyone that the licensee knows of, or that is reported to the licensee, is immediately investigated.

A FSW stated s/he heard a PSW make inappropriate comments and speak in an inappropriate tone to a resident during the lunch meal service in January 2012. The FSW immediately reported the incident of emotional abuse to his/her manager, the Nutrition Services Manager, who further reported it to the Manager of Nursing Services. The Manager of Nursing Services is no longer employed at the home however there was no documentation or actions taken that suggested the home immediately investigated the allegations.
The Director Patient Services and Integration became aware of the above incident along with other alleged emotional abuse incidents involving the PSW towards multiple residents while reviewing a report from external investigators hired by the home to investigate allegations of staff to staff bullying. Upon discovering the allegations of emotional abuse, the Director of Patient Services and Integration immediately initiated an internal investigation however this was approximately six months after the first incident of emotional abuse reported by the FSW.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (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:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
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.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007 s. 24. (1) 2. in that persons who had reasonable grounds to suspect that abuse of a resident by anyone occurred did not immediately report the suspicion and the information upon which it is based to the Director.

The FSW stated s/he heard a PSW make inappropriate comments and speak in an inappropriate tone to a resident during the lunch meal service which occurred in January 2012. The FSW immediately reported the incident to his/her manager, the Nutrition Services Manager, who stated that she further reported it to the Manager of Nursing Services. The incident was never reported to the Director who only became aware of the incident when a LTCH Inspector was conducting an inspection in the home on September 27, 2012.
The Director Patient Services and Integration became aware of the above incident along with other alleged incidents involving inappropriate behaviour by the PSW towards multiple residents while reviewing a report from external investigators hired by the home to investigate allegations of staff to staff bullying. The Director Patient Services and Integration attempted to submit a critical incident report to the Director in July, 2012 regarding these incidents however she was not successful in submitting the report and the Director was not notified. Again, the Director only became aware of the incidents when a LTCH Inspector was conducting an inspection in the home on September 27, 2012.
Documents obtained from the Director of Patient Services and Integration along with discussions with several staff members revealed that at least five additional staff members witnessed several incidents of suspected abuse by a PSW towards at least four residents starting December 2011/January 2012. None of these incidents of suspected abuse were reported by staff nor was the Director made aware.

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.

Issued on this 5th day of October, 2012

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

Paula MacDonald, RD