Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 26, 2018	2018_263524_0019	016523-17, 017306-17, 020976-17, 023291-17, 026404-17, 026637-17, 026733-17, 000057-18, 001832-18, 002738-18, 003410-18, 005119-18, 005824-18, 008145-18, 008251-18, 012596-18, 013062-18, 015184-18, 015572-18, 016553-18, 017861-18, 018207-18, 021966-18, 022006-18, 022018-18, 022021-18, 022742-18, 024400-18, 026680-18, 027491-18	Critical Incident System

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

McGarrell Place
355 McGarrell Drive LONDON ON N6G 0B1

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

INA REYNOLDS (524), ALI NASSER (523), CASSANDRA ALEKSIC (689), NATALIE MORONEY (610)

Inspection Summary/Résumé de l’inspection

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

This inspection was conducted on the following date(s): November 19, 20, 21, 22 and 23, 2018.

The following intakes were completed within the inspection:
Log #016523-17 / CIS #2964-000041-17 related to allegations of resident to resident abuse
Log #017306-17 / CIS #2964-000047-17 related to allegations of staff to resident abuse
Log #020976-17 / CIS #2964-000058-17 related to infection prevention and control
Log #023291-17 / CIS #2964-000065-17 related to falls prevention and management
Log #026404-17 / CIS #2964-000077-17 related to allegations of staff to resident abuse
Log #026637-17 / CIS #2964-000072-17 related to falls prevention and management
Log #026733-17 / CIS #2964-000074-17 related to allegations of resident to resident abuse
Log #000057-18 / CIS #2964-000083-17 related to allegations of resident to resident abuse
Log #001832-18 / CIS #2964-000003-18 related to allegations of resident to resident abuse
Log #003410-18 / CIS #2964-000007-18 related to falls prevention and management
Log #005119-18 / CIS #2964-000013-18 related to falls prevention and management
Log #005824-18 / CIS #2964-000006-18 related to infection prevention and control
Log #008145-18 / CIS #2964-000021-18 related to allegations of resident to resident abuse
Log #008251-18 / CIS #2964-000020-18 related to infection prevention and control
Log #012596-18 / CIS #2964-000037-18 related to allegations of resident to resident

abuse
Log #013062-18 / CIS #2964-000036-18 related to falls prevention and management
Log #015572-18 / CIS #2964-000043-18 related to allegations of resident to resident abuse
Log #016553-18 / CIS #2964-000046-18 related to allegations of resident to resident abuse
Log #017861-18 / CIS #2964-000047-18 related to allegations of resident to resident abuse
Log #018207-18 / CIS #2964-000049-18 related to allegations of resident to resident abuse
Log #021966-18 / CIS #2964-000062-18 related to falls prevention and management
Log #022006-18 / CIS #2964-000059-18related to falls prevention and management
Log #022018-18 / CIS #2964-000060-18 related to allegations of resident to resident abuse
Log #022021-18 / CIS #2964-000061-18 related to allegations of resident to resident abuse
Log #022742-18 / CIS #2964-000065-18 related to falls prevention and management
Log #024400-18 / CIS #2964-000069-18 related to allegations of resident to resident abuse
Log #026680-18 / CIS #2964-000073-18 related to falls prevention and management
Log #027491-18 / CIS #2964-000074-18 related to falls prevention and management
Log #002738-18 / IL-55347-LO related to allegation of resident to resident abuse
Log #015184-18 / IL-57550-LO related to medication management.

Inspectors Donna Tierney #569 and Christy Legouffe #730 were also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Quality Manager, the Education Coordinator, the Clinical Consultant, two Registered Nurses, six Registered Practical Nurses, eight Personal Support Workers, residents and family members.

The inspector(s) also observed resident care provisions, resident and staff interactions, medication administration, infection prevention and control practices and reviewed residents' clinical records, internal investigation notes and relevant policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention
Infection Prevention and Control
Medication
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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	Légende 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. 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 has failed to ensure that the written policy that promoted zero tolerance of abuse and neglect of residents was complied with.

On an identified date, the home submitted a Critical Incident System report to the Ministry of Health and Long-Term Care (MOHLTC) regarding an identified resident's alleged sexually inappropriate touching towards other residents.

A review of the residents’ progress notes in Point Click Care stated that the above incident had occurred on a specific date, and there was no documented evidence that the registered staff reported the abuse to the home's management on that specific date.

A review of the home's policy #ADMIN-010.01 "Mandatory Reporting of Resident Abuse or Neglect" last reviewed March 31, 2018, stated in part "Where any person has reasonable grounds to suspect that any of the following has occurred or may occur, such person must immediately verbally report the suspicion and the information upon which it is based to the person in charge (i.e. the nurse on duty). They will then together immediately report this to their legislative Authority as per legislation. (Ont - Director of the MOHLTC in accordance with Critical Incident Reporting Requirements). Following this, the Nurse will document the suspicion in the chart of each resident involved: confirmed abuse or neglect of Residents."

During interviews, the Quality Manager/Behavioural Support Ontario (BSO) Lead stated that the home’s expectation was that staff would immediately report any allegations of abuse or neglect to management and they would report immediately to the Director.

The licensee has failed to ensure that the written policy that promoted zero tolerance of abuse and neglect of residents was complied with. [s. 20. (1)]

Issued on this 26th day of November, 2018

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

Original report signed by the inspector.