



**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**

**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 11, 2013	2013_200148_0049	O-00719-13	Follow up

Licensee/Titulaire de permis

ALMONTE GENERAL HOSPITAL
75 SPRING STREET, ALMONTE, ON, K0A-1A0

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

FAIRVIEW MANOR
75 SPRING STREET, ALMONTE, ON, K0A-1A0

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 25, 2013, on site.

This inspection includes information related to a critical incident.

During the course of the inspection, the inspector(s) spoke with the home's Director of Care (DOC), Assistant Director of Care (ADOC), the licensee's Vice President of Resident Services, Registered Nursing Staff, Personal Support Workers, Housekeeping and Dietary staff.

During the course of the inspection, the inspector(s) reviewed the policy to promote zero tolerance of abuse and neglect of residents, admission package, posted information and documents related to staff education on abuse and neglect.

The following Inspection Protocols were used during this inspection:

Admission Process

Prevention of Abuse, Neglect and Retaliation

Training and Orientation

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**



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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. (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. 2007, c. 8, s. 20 (3).

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.20(3), whereby the licensee did not 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.

On July 30, 2013 an inspection related to a staff to resident abuse incident was conducted that resulted in the issuance of Compliance Orders #001 and #002. The Compliance Orders instructed the licensee to amend the policy to promote zero tolerance of abuse and neglect of residents, dated January 2010, to include all provisions as described by section 20 of the LTCHA and section 96 of the Regulation 79/10. In addition, the home was to ensure that all staff were educated on the policy amendments and that a quality monitoring program was established to ensure the policy was implemented and effective. The home was to comply with both Compliance Orders by October 31, 2013.

On November 25, 2013, the Inspector conducted a follow up inspection related to Compliance Order #001 and #002. The Vice President of Resident Services identified the home's current policy to promote zero tolerance of abuse and neglect of residents, as required by section 20 (1) of the Act, as draft policy #V1-G-10.00, titled Abuse and Neglect of Patient/Resident: Actual or Suspected dated November 18, 2013.

During the on-site inspection, the DOC reported to the Inspector that she did not have a current copy of the abuse policy to provide to the Inspector. The DOC confirmed that a draft abuse policy was sent to the licensee's Vice President of Resident Services but that the DOC had not yet received a final copy. In addition, the Inspector spoke with the Assistant Director of Care who was responsible to provide staff education on the amendments of the policy, as directed by the Compliance Orders of July 2013. It was determined that the Assistant Director of Care, had developed and delivered staff education, beginning in September 2013, based on the January 2010 abuse policy and the legislative requirements of the LTCHA. At the time of the on-site inspection, the Assistant Director of Care had not yet received a final copy of the abuse policy.

It was determined that at the time of the on-site follow up inspection on November 25, 2013, that the current policy to promote zero tolerance of abuse and neglect of residents, dated November 18, 2013, was not communicated to all management of the home including the home's Director of Care and Assistant Director of Care.



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The Inspector further reviewed and discussed the educational material used to deliver staff education on abuse, with the ADOC. It was determined that the educational material did not include all components of the amended November 18, 2013 abuse policy. Although the policy includes an explanation of the duty under section 24 of the Act and procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, the education provided to staff members did not include these two provisions.

During the inspection several staff members were interviewed, each had reported receiving training within the last few months. When asked by the Inspector, the staff could not recall having seen a copy of the home's policy to promote zero tolerance of abuse and neglect of residents. In addition, several staff were not aware of the duty to make mandatory reports under section 24 of the Act. This is further supported by WN#2 which describes an incident whereby a staff member, who had been provided abuse education, failed to report a suspected abuse immediately to the Director. In addition, WN #3 describes a newly hired member, who was performing their responsibilities in the home on November 25, 2013, who had not been provided education on the policy to promote zero tolerance of abuse and neglect of residents.

Non-compliance of section 20(3) of the Act and the issuance of a Compliance Order, is further supported by WN#4 and #5, which describes that the policy to promote zero tolerance of abuse and neglect of residents, dated November 18, 2013 was not posted in the home nor was it provided to residents within the package of information on admission. At the time of this inspection, no attempt had been made by the licensee to communicate the abuse policy to current residents and residents' substitute decision-makers.

The licensee was to amend the policy to promote zero tolerance of abuse and neglect of residents to ensure compliance with the requirements of the LTCHA and Regulations 79/10 and implement this policy in the home by October 31, 2013. Although the policy has been updated to meet legislative requirements, the licensee did not ensure the implementation of the policy. [s. 20. (3)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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WN #2: 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:

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

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.24 (1) 2., whereby the licensee failed to ensure that that a person who has reasonable grounds to suspect that abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident has occurred shall immediately report the suspicion and the information upon which it is based to the Director.

On a specified date, Staff member #S1 brought forward an incident of suspected abuse. Staff member #S1 had witnessed Staff member #S2 place his/her arm across Resident #1's abdomen and forcefully sit the resident back into a chair. Staff member #S1 brought the information related to this incident to the home's management several days after the incident. The home placed the accused Staff member #S2 on administrative leave and conducted an investigation which concluded that no abuse had occurred.

Staff member #S1 had reasonable grounds to suspect abuse of a resident had occurred but did not immediately report the suspicion to the Director. The home's management had reasonable grounds to suspect abuse of a resident had occurred but did not immediately report the suspicion to the Director. It was confirmed through this inspection that the Director was not immediately informed of suspected abuse of a resident.

It was noted that at the time of this inspection, the licensee had two outstanding Compliance Orders, one of which directed the licensee to update the home's policy to promote zero tolerance of abuse and neglect of residents and to educate all staff as it relates to the duty to report under section 24 of the Act. The licensee was to have complied with this Compliance Order by October 31, 2013. Staff member #S1 was provided education on abuse in September 2013, the education did not include the duty under section 24 to make mandatory reports. [s. 24. (1)]



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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 or neglect of a resident by the licensee or staff that resulted in harm to the resident has occurred shall immediately report the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.76 (2) 3., whereby the licensee did not ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training on the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

In accordance with the LTCHA 2007 S.O. 2007, c.8, s.76 (1) and (2), all staff shall be provided with training on the long-term care home's policy to promote zero tolerance of abuse and neglect of resident prior to performing their responsibilities. The definition of staff described in section 2 of the Act and the exceptions noted within section 76 of the Act and section 222 of Regulation 79/10, were considered in the application of section 76 of the Act.

Staff education, as it relates to the home's policy to promote zero tolerance of abuse and neglect, was reviewed. The home's Director of Care (DOC) identified a newly hired staff member who was scheduled for orientation shifts, which included direct care to residents, during the week of this inspection. The home's DOC reported that the newly hired staff member had not yet been provided with training on the policy to promote zero tolerance of abuse and neglect prior to performing responsibilities on the floor. The DOC further reported that the plan for orienting new staff members does not include training on the home's policy to promote zero tolerance of abuse and neglect, prior to staff performing their responsibilities.

It was noted that the home's policy to promote zero tolerance of abuse and neglect of residents, draft policy # V1-G-10.00, titled Abuse and Neglect of a Patient/Resident: Actual or Suspected, dated November 18, 2013, indicates in section 6.6 under Education and Training that prior to performing their responsibilities, all staff members will receive training in the abuse policy. [s. 76. (2) 3.]

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 staff receive training on the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities, to be implemented voluntarily.



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WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.



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Specifically failed to comply with the following:

- s. 78. (2) The package of information shall include, at a minimum,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)**
 - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
 - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
 - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)**
 - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)**
 - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)**
 - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)**



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(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)

(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :



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1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.78 (2)(c), whereby the licensee did not ensure that the package of information provided to residents and/or substitute decision-makers at the time the resident is admitted includes the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

In accordance with the LTCHA 2007 S.O. 2007, c.8, s.78 (1) and (2) the licensee shall ensure that a package of information is provided to residents and/or substitute decision-maker, at the time the resident is admitted. The package of information shall be revised as necessary and include, at a minimum, the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

Upon the Inspector's request for the licensee's policy to promote zero tolerance of abuse and neglect of residents, the Vice President of Resident Services identified draft policy #V1-G-10.00, titled Abuse and Neglect of Patient/Resident: Actual or Suspected, dated November 18, 2013, as the home's current policy.

At the Inspector's request, the home's package of information for newly admitted residents was provided. The package of information was reviewed and was found to not include the above noted abuse policy, #V1-G-10.00. The Assistant Director of Care identified a resident that was newly admitted to the home and confirmed that the resident and/or substitute decision maker would have been provided the same package of information as was provided to the Inspector. At the time of the Inspector's on-site inspection of November 25, 2013, no attempt was identified to ensure that the newly admitted resident had been provided the licensee's current policy to promote zero tolerance of abuse and neglect of residents.

The home's package of information for newly admitted residents does not include the home's current policy to promote zero tolerance of abuse and neglect of residents. [s. 78. (2) (c)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information



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Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)**
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)**
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)**
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)**
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)**
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)**
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)**



Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.79 (3)(c), whereby the licensee did not ensure that the long-term care home's policy to promote zero tolerance of abuse and neglect of residents is posted in the home.

In accordance with the LTCHA 2007 S.O. 2007, c.8, s.79 (1), (2) and (3) the licensee shall ensure that required information is posted in the home, in a conspicuous and easily accessible location. The required information to be posted includes the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

Upon the Inspector's request for the licensee's policy to promote zero tolerance of abuse and neglect of residents, the Vice President of Resident Services identified draft policy, #V1-G-10.00 titled Abuse and Neglect of Patient/Resident: Actual or Suspected, dated November 18, 2013.

The Inspector, in the presence of the home's Assistant Director of Care (ADOC), observed the informational postings available in the home. The above noted policy #V1-G-10.00, was not posted in the home. The Inspector noted that the home's previous abuse policy, dated January 2010 was found to be posted in the front lobby. This policy was found to be non compliant with section 20 of the Long Term Care Homes Act and section 96 of the Regulations 79/10, during a July 2013 inspection. [s. 79. (3) (c)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 20. (2)	CO #001	2013_200148_0027	148



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O.Reg 79/10 s. 96.	CO #002	2013_200148_0027	148
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Issued on this 11th day of December, 2013

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

Amanda Nix RO LTHA Inspector



Ministry of Health and
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Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** AMANDA NIXON (148)

**Inspection No. /
No de l'inspection :** 2013_200148_0049

**Log No. /
Registre no:** O-00719-13

**Type of Inspection /
Genre d'inspection:** Follow up

**Report Date(s) /
Date(s) du Rapport :** Dec 11, 2013

**Licensee /
Titulaire de permis :** ALMONTE GENERAL HOSPITAL
75 SPRING STREET, ALMONTE, ON, K0A-1A0

**LTC Home /
Foyer de SLD :** FAIRVIEW MANOR
75 SPRING STREET, ALMONTE, ON, K0A-1A0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Mary Wilson Trider

To ALMONTE GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*. S.O. 2007. c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*. L.O. 2007. chap. 8

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

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. 2007, c. 8, s. 20 (3).

Order / Ordre :

The licensee shall ensure:

1. the licensee's policy to promote zero tolerance of abuse and neglect is communicated to all staff, residents and residents substitute decision makers.
2. a quality monitoring program is in place to ensure the policy is implemented and effective in promoting zero tolerance of abuse and neglect of residents.

Grounds / Motifs :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.20(3), whereby the licensee did not 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.

On July 30, 2013 an inspection related to a staff to resident abuse incident was conducted that resulted in the issuance of Compliance Orders #001 and #002. The Compliance Orders instructed the licensee to amend the policy to promote zero tolerance of abuse and neglect of residents, dated January 2010, to include all provisions as described by section 20 of the LTCHA and section 96 of the Regulation 79/10. In addition, the home was to ensure that all staff were educated on the policy amendments and that a quality monitoring program was established to ensure the policy was implemented and effective. The home was to comply with both Compliance Orders by October 31, 2013.

On November 25, 2013, the Inspector conducted a follow up inspection related to Compliance Order #001 and #002. The Vice President of Resident Services identified the home's current policy to promote zero tolerance of abuse and



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neglect of residents, as required by section 20 (1) of the Act, as draft policy #V1-G-10.00, titled Abuse and Neglect of Patient/Resident: Actual or Suspected dated November 18, 2013.

During the on-site inspection, the DOC reported to the Inspector that she did not have a current copy of the abuse policy to provide to the Inspector. The DOC confirmed that a draft abuse policy was sent to the licensee's Vice President of Resident Services but that the DOC had not yet received a final copy. In addition, the Inspector spoke with the Assistant Director of Care who was responsible to provide staff education on the amendments of the policy, as directed by the Compliance Orders of July 2013. It was determined that the Assistant Director of Care, had developed and delivered staff education, beginning in September 2013, based on the January 2010 abuse policy and the legislative requirements of the LTCHA. At the time of the on-site inspection, the Assistant Director of Care had not yet received a final copy of the abuse policy.

It was determined that at the time of the on-site follow up inspection on November 25, 2013, that the current policy to promote zero tolerance of abuse and neglect of residents, dated November 18, 2013, was not communicated to all management of the home including the home's Director of Care and Assistant Director of Care.

The Inspector further reviewed and discussed the educational material used to deliver staff education on abuse, with the ADOC. It was determined that the educational material did not include all components of the amended November 18, 2013 abuse policy. Although the policy includes an explanation of the duty under section 24 of the Act and procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, the education provided to staff members did not include these two provisions.

During the inspection several staff members were interviewed, each had reported receiving training within the last few months. When asked by the Inspector, the staff could not recall having seen a copy of the home's policy to promote zero tolerance of abuse and neglect of residents. In addition, several staff were not aware of the duty to make mandatory reports under section 24 of the Act. This is further supported by WN#2 which describes an incident whereby a staff member, who had been provided abuse education, failed to report a



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suspected abuse immediately to the Director. In addition, WN #3 describes a newly hired member, who was performing their responsibilities in the home on November 25, 2013, who had not been provided education on the policy to promote zero tolerance of abuse and neglect of residents.

Non-compliance of section 20(3) of the Act and the issuance of a Compliance Order, is further supported by WN#4 and #5, which describes that the policy to promote zero tolerance of abuse and neglect of residents, dated November 18, 2013 was not posted in the home nor was it provided to residents within the package of information on admission. At the time of this inspection, no attempt had been made by the licensee to communicate the abuse policy to current residents and residents' substitute decision-makers.

The licensee was to amend the policy to promote zero tolerance of abuse and neglect of residents to ensure compliance with the requirements of the LTCHA and Regulations 79/10 and implement this policy in the home by October 31, 2013. Although the policy has been updated to meet legislative requirements, the licensee did not ensure the implementation of the policy. (148)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 11th day of December, 2013

Signature of Inspector /

Signature de l'inspecteur : *Amanda Nix RD LTCH Inspector*

Name of Inspector /

Nom de l'inspecteur : AMANDA NIXON

Service Area Office /

Bureau régional de services : Ottawa Service Area Office