



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Nov 17, 2014;	2014_348143_0008 (A2)	O-000186-14	Complaint

Licensee/Titulaire de permis

AON INC.
33 HARBOUR SQUARE SUITE 825 TORONTO ON M5J 2G2

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

MOIRA PLACE LONG-TERM CARE HOME
415 RIVER STREET WEST TWEED ON K0K 3J0

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



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PAUL MILLER (143) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

The compliance date was changed from November 17th, to December 22nd, 2014 for Compliance Order #01. The extension was required to ensure that the Licensee met all the requirements for the Zero Tolerance Abuse Policy as per Section 20 of the Long Term Care Homes Act.

Issued on this 17 day of November 2014 (A2)

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

Original report signed by the inspector.



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PAUL MILLER (143) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 11th, 12th, 17th to 19th, 25th to 27th, August 20th, September 12th, 16th and September 24th, 2014.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses, a Registered Practical Nurse, Personal Support Workers and residents.

During the course of the inspection, the inspector(s) observed resident care and services, reviewed Critical Incident Reports, reviewed abuse policies and procedures, resident health care records, abuse training records, staff schedules and medication incident reports.

The following Inspection Protocols were used during this inspection:

Medication

Prevention of Abuse, Neglect and Retaliation



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

- 5 WN(s)
- 3 VPC(s)
- 2 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007, 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).

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; 2007, c. 8, s. 20 (2).

(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).

(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).

(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).

(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).

(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).

(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 has failed to comply with LTCHA, s. 20 (1) whereby the home's written policy that promotes zero tolerance of abuse and neglect of residents was not complied with.

The home's abuse policy, "Abuse and Neglect", Policy Number: HR-F-10 under "Policy Statement" page 1 of 4 states the following:

- This Home is committed to a zero tolerance of abuse or neglect of its residents. Every resident has the right to be treated with courtesy and respect and to be free from mental and physical abuse and neglect.
- Staff will ensure that appropriate action is taken in response to any suspected incidents of resident abuse or neglect as outlined below. All staff members have an obligation to report any incident or suspected incident of resident abuse or neglect.
- (page 2 of 4) All employees are expected to be vigilant and immediately report



suspected cases of resident abuse or neglect to their supervisor, who shall in turn immediately inform the Administrator.

- (page 3 of 4) The Administrator will upon receiving notification of an abuse allegation: Ensure an initial investigation and documentation process is underway. Ensure that immediate reporting to the MOHLTC and notification of other relevant parties is undertaken

The home's Mandatory Reports Policy Number: GA-A-44 page 1 of 1 states the following:

- Purpose/MOHLTC Standards. LTCHA 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.

Policy

The Home shall comply with the duty to report provisions of section 24 of the Long-Term Care Homes Act (LTCHA) as listed above.

The homes Abuse and Neglect-Investigation Policy Number: HR-F-40 states the following Policy statement:

The Home will immediately investigate reports by staff member under this policy and third party reports of abuse or neglect in accordance with the investigation procedures below.

(note: See HR-F-10: Abuse and Neglect-Zero Tolerance regarding the immediate response to a suspected incident of abuse or neglect including steps to safeguard the resident.)

Procedure

- An initial investigation will begin immediately of any alleged incident of abuse or neglect as outline in HR-F-10 with a full investigation to commence within 24 hours.
- The Administrator will ensure that the Incident Report is fully completed and witness statements are completed. The DOC will ensure that all pertinent documentation is entered in the Progress Notes.
- Staff members on duty at the time of the incident who may have knowledge of the circumstances will be interviewed.
- The Implicated staff member/volunteer will be interviewed as part of this process

On a specified date staff member (S) S101 and S102 observed S103 calling a



resident a jerk, placed her/his backside to the resident and told the resident to kiss her/his butt. S101 completed a letter, To Whom it may concern, alleging that S103 “called the resident a jerk and then placed her/his rear end close to resident #1's face and told him/her to kiss her/his butt”.

S101 reported to the Inspector that she/he did not immediately notify her/his immediate supervisor of this allegation of abuse. S101 reported that she/he continued to provide resident care for approximately 2.5 hours and then reported the incident of abuse to a Registered Staff. S101 advised the inspector that she/he could not recall whom she/he had reported the incident to but was advised to put her/his concerns into writing. Three days later S101 submitted the letter, to S108 (RN Supervisor). S101 called the Ministry of Health and Long Term Care Infoline informing the Ministry of Health of an incident of abuse five days after the incident of alleged abuse had occurred.

On June 12th, S102 was interviewed. S102 reported that she/he observed resident #1 was refusing care. S102 reported that S103 then yelled at the resident in an angry loud voice “you are a jerk, you can kiss my ass”. S102 reported that resident #1 appeared taken back, distraught and upset by S103's comment. S102 reported that the resident's response was that of anger and yelled back at S103 “no I will not kiss your ass”. S102 was questioned if she/he had reported this incident to management staff and indicated no.

On June 18th, 2014 at approximately 1200 inspector met with the DOC and Administrator in the DOC's office. The DOC was provided a copy of the letter from S101. The DOC was questioned if she had ever seen that letter before. The DOC reported that yes she had seen the letter. The Inspector asked for copies of the abuse investigation and what actions the home had taken in regards to these allegations of abuse and was informed that no actions had been taken.

On June 18th, 2014 at 1711 hours the inspector called the Assistant Director of Care (ADOC). The inspector read the letter of alleged abuse dated to the ADOC. The ADOC was questioned if she had ever seen the letter before and was advised by her that “yes” she had seen the letter. When questioned whom she had spoken to in response to the letter of abuse allegations and what actions she had taken, she informed the inspector that she could not recall.

On June 25th, 2014 during a telephone interview with the inspector S108 reported that she/he was aware of the contents of the letter but had not read the letter. S108 reported that she/he received the letter (abuse allegations) from S101 and that she/he had taken two copies of the letter and placed them in two sealed envelopes. S108 reported to the inspector that she/he then placed the sealed envelopes, one on the Director of Care's desk and one on the Administrator's desk. S108 reported that as the RN supervisor she/he has a master key and the ability to open the DOC and



Administrators doors after hours. S108 reported to the inspector that she\he did not take any further action in respect of the abuse allegations. S108 reported that she\he worked the day after placing the letters on the Administrator desk and DOC's desk Monday and that she\he was not approached by management staff in respect of these letters of abuse allegations.

There was no evidence to support that the witnessed alleged incident of verbal and emotional abuse directed at resident #1 by S103 and witnessed by two Personal Support Workers was immediately reported to MOHLTC. There is no evidence to support that the home complied with their Abuse and Neglect Investigation Policy (Policy Number HR-F-40) despite the RN supervisor, the DOC and ADOC informing the inspector that they were aware of the S101 written letter of abuse allegations. The RN supervisor reported to the Inspector that she\he had placed the letter of abuse allegations in the DOC and Administrators office.

The home's compliance history was reviewed as identified in CO #01.

The home has demonstrated an ongoing inability to sustain compliance related to abuse reporting and investigation. [s. 20. (1)]

2. The Licensee has failed to ensure that the homes' Abuse and Neglect-Zero Tolerance Policy contains an explanation of the duty under section 24 to make mandatory reports.

On February 7, 2013 the Licensee received an Order of the Director under the Long-Term Care Homes Act (LTCHA) directing the home to conduct a comprehensive review of their "Abuse and Neglect-Zero Tolerance " policy. The license was ordered to revise the policy and procedure to include an explanation of the duty to make mandatory reports under section 24 of the LTCHA including but not limited to clarification of the following matters:

- that "a person" which includes a staff member has a duty to report under s. 24, irrespective of the Licensee's duty;
- that staff members must report any incident or suspected incident of resident abuse or neglect to the Director
- that a person, including a staff member, must report a suspicion of abuse or neglect of a resident that results in harm or risk of harm to the resident, including the information upon which the suspicion is based, where the person has reasonable grounds for the suspicion; and
- that the duty to report to the Director is immediate.



On June 25th 2014 Inspector #143 during a telephone conversation with S101 discussed the incident of abuse which occurred on a specified date. S101 was questioned why she\he did not immediately report the incident of abuse to the Ministry of Health and Long Term Care. S101 advised the inspector that it was the homes policy that staff are to report abuse to the RN supervisor who reports it the Administrator. S101 reported that she\he continued to provide resident care and reported the incident at approximately 1930 hours. S101 reported that she\he could not recall to whom she\he reported the incident but was advised to put her\his concerns into writing. S101 completed a letter in respect of abuse allegations on a specified date and submitted to the RN Supervisor three days later.

On September 16th, 2014 the Inspector, during a telephone call, reviewed the homes' Abuse and Neglect-Zero Tolerance policy number HR-F-10 effective date July 2003 with revision dates of June 2012, May 2013 and August 2013 with the homes Administrator. At this time a review and discussion was also completed of the Directors Order of February 7th, 2013. The Administrator was asked where in the abuse policy did it make any reference to any person which includes a staff member has a duty to report. The Administrator reported it doesn't but cross reference that requirement with the Mandatory reporting policy GA-A-44. The Administrator was questioned where in the abuse policy that a person (including a staff member) must report any incident of abuse or neglect to the Director and the Administrator responded "it doesn't". The Administrator was questioned if the abuse policy identified the requirement that a person including a staff member must report to the Director suspicion of abuse or neglect that resulted in harm or risk of harm and he indicated "it doesn't". The Administrator was questioned where in the abuse policy HR-F-10 does it indicate that the duty to report to the Director is immediate. The Administrator advised the inspector that page 2 of 4, of the abuse policy had been updated from "promptly reporting" revision date June 2012 to "immediately report suspected cases of resident abuse or neglect to their supervisor" revision date May 2013. The Administrator advised the inspector that the Abuse and Neglect-Zero Tolerance policy HR-F-10 revision date August 2013 on page 3 of 4 indicates that the Administrator will upon receiving notification of an abuse allegation ensure that immediate reporting to the MOHLTC and notification of other relevant parties is undertaken in Mandatory Reports, abuse and neglect external reporting and critical incident reporting. [s. 20. (2) (d)]



Additional Required Actions:

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

(A2)The following order(s) have been amended:CO# 001

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 abuse training included but not limited to reporting requirements, how to conduct an abuse investigation, how to completed documentation related to the investigation as well develop a process for the ongoing monitoring of compliance with the Abuse and Neglect-Zero Tolerance Policy and procedure, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (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. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with the Long Term Care Homes Act section 19 (1) 1. and 2 by not ensuring that residents are protected from abuse and are not neglected.

Ontario Regulation 79/10 section 2. (1) abuse definition states the following:

“emotional abuse” means, (a) Any threatening, insulting, intimidating or humiliating gestures, actions, behavior or remarks, including imposed social isolation, shunning,



ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident,

“verbal abuse” means, (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident,

"physical abuse" means, subject to subsection (2), (b) administering or withholding a drug for an inappropriate purpose.

On a specified date and time staff member(S) S101 and S102 observed that resident #1 was resisting\refusing medications that S103 (RPN) was attempting to administer. S101 completed a letter, To Whom it may concern alleging that S103 in response to resident #1 refusing care “called the resident a jerk and then placed her\his rear end close to his\her face and told him\her to kiss her\his butt”.

On a specified date S103 administered a medication to resident #2 that was not prescribed for her\him. Resident #2 had a reaction to this medication error which required hospitalization. A review of the hospital discharge record indicated that resident #2 was admitted following an inadvertent medication error. On June 19th, 2014 both the ADOC and DOC were interviewed concerning this medication incident. The ADOC when questioned if this medication error was improper care of a resident that resulted in harm to the resident indicated yes that it was improper but not deliberate. The DOC was questioned if S103's medication error was incompetent treatment or care and the DOC reported to the inspector that yes it was incompetent treatment.

On a specified date the Administrator completed a Critical Incident Report (Mandatory Report) reporting abuse/neglect. This Critical Incident reported that S103 had stated to a resident "You are being a frigging pain in the ass".

The home’s compliance history was reviewed for the past three years. On December 17th, 2012 the home was issued a Written Notification (WN) and a Compliance Order (CO) for failing to comply with the Long Term Care Homes Act (LTCHA) section 24 (failure to immediately report instances of abuse to the Director). On May 4th, 2012 the home was issued a WN and CO for failing to comply with the LTCHA section 20. (1) failing to comply with their abuse policy, a WN for failing to comply with the LTCHA section 19 by not ensuring that residents are protected from abuse or neglect as well



as a WN and CO for not immediately reporting abuse to the Director. The home has demonstrated an ongoing inability to sustain compliance related to abuse reporting and the requirement to ensure that residents are protected from abuse and neglect. [s. 19. (1)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 002

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act Specifically failed to comply with the following:

s. 104. (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director. O. Reg. 79/10, s. 104 (3).

Findings/Faits saillants :

1. On a specified date staff member (S) S101 and S102 observed that resident #1 was resisting\refusing to accept medications that S103 (RPN) was attempting to provide. S101 completed a letter, To Whom it may concern dated alleging that S103 in response to resident #1 refusing care "called the resident a jerk and then placed her\his rear end close to his\her face and told him to kiss her\his butt". S101 reported to the Inspector that she\he did not immediately notify her\his immediate supervisor of this allegation of abuse. Three days following the incident of alleged abuse S101 submitted a letter of abuse allegations to the Registered Nurse S108.

On a specified date S101 called the Ministry of Health and Long Term Care Infoline informing the Ministry of Health of an incident of abuse.



On June 25th, 2014 during a telephone interview with the inspector S108 reported that she\he received the letter (abuse allegations) from S101 and that she\he had taken two copies of the letter and placed them in two sealed envelopes. S108 reported to the inspector that she\he then placed the sealed envelopes, one on the Director of Care's Desk and one on the Administrator's desk. S108 reported that as the RN supervisor she\he has a master key and the ability to open the DOC and Administrators doors after hours. S108 reported to the inspector that she\he did not take any further action in respect of the abuse allegations.

On June 12th, S102 was interviewed. S102 reported that she\he observed resident #1 was refusing care. S102 reported that S103 then yelled at the resident in an angry loud voice "you are a jerk, you can kiss my ass". S102 reported that resident #1 appeared taken back, distraught and upset by S103's comment. S102 reported that the resident's response was that of anger and yelled back at S103 "no I will not kiss your ass". S102 was questioned if she\he had reported this incident to management staff and indicated no.

On June 18th, 2014 at 1257 hours a Critical Incident Report (CIS), (Mandatory Report, abuse/neglect) was submitted to the Ministry of Health and Long Term in respect of S101's letter of abuse allegations involving resident #1. On June 23rd, 2014 the CIS was reviewed by an Inspector with the Centralize Intake Assessment and Triage Team (CIATT) of the Ministry of Health and Long Term Care. A general note was documented requested that the home amend the CIS to include the outcome of the abuse investigation as well as identified actions taken to correct the situation and to prevent the recurrence. During the homes Resident Quality Inspection Inspector #143 met with the Administrator and the Director of Care and reviewed and discussed the need for the home to review the CIS system on a regular basis and make amendments and provide additional information as requested by the CIATT.

Inspector #143 completed a review of Moira Place's CIS #2977-00005-14 on July 15th, 16th and 17th and observed that the CIS has not been amended and that the home had not provided a final report of their abuse investigation within the 21 day period to the Director.

The licensee has failed to comply with Ontario Regulations 79/10 section 104.(3) by not ensuring that the final report was submitted to the Director within twenty-one days as specified in the March 28, 2012 memorandum to Licensees/Long-Term Care Homes from Acting Director Karen Slater. [s. 104. (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 when the Licensee reports an alleged, suspected or witnessed incident of abuse to the Director, under subsection 23(2) of the Act, that staff identify what actions were taken to prevent the recurrence of an incident as well to provide a final report to the Director within the twenty one day time period, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. The Licensee has failed to comply with Ontario Regulation 79/10 section 107.(3) 5. by not reporting to the Director no later then one business day a medication incident of which a resident is taking to a hospital

On a specified date S103 administered a medication to resident #2 that was not prescribed for him\her. An internal medication incident report was completed. The attending physician spoke with the resident and decided that it was necessary to send her\him to hospital via ambulance.

A review of the hospital discharge record identified that resident #2 was admitted following an inadvertent medication error. 8.0. [s. 107. (3) 5.]



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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 Critical Incident Report is completed and submitted to the Ministry of Health and Long-Term Care when a resident is taken to hospital following a medication incident or adverse drug reaction, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 131.

Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with O.Regulation 79/10 section 131.(1) by not ensuring that residents receive medications that are prescribed for them. On a specified date S103 administered an medication to resident #2 that was not prescribed for him\her. An internal medication incident report was completed.



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Issued on this 17 day of November 2014 (A2)

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

Original report signed by the inspector.



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Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

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

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Amended Public Copy/Copie modifiée du public de permis

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : PAUL MILLER (143) - (A2)

Inspection No. /

No de l'inspection : 2014_348143_0008 (A2)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : O-000186-14 (A2)

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Nov 17, 2014;(A2)

Licensee /

Titulaire de permis : AON INC.
33 HARBOUR SQUARE, SUITE 825, TORONTO,
ON, M5J-2G2

LTC Home /

Foyer de SLD : MOIRA PLACE LONG-TERM CARE HOME
415 RIVER STREET WEST, TWEED, ON, K0K-3J0



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

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.
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Name of Administrator / MICHAEL O'KEEFFE
Nom de l'administratrice
ou de l'administrateur :

To AON INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007, 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).

Order / Ordre :

Order(s) of the Inspector

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section 154 of the Long-Term
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2007, c. 8

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(A2)

The Licensee shall prepare, submit and implement a plan to include the following:

- that the home will conduct a comprehensive review of the homes Abuse and Neglect -Zero Tolerance Policy Number HR-F-10 (revision date August 2013) and revise the policy and procedures to include an explanation of the duty to make mandatory reports under section 24 (LTCHA) including but not limited to clarification of the following:

1. that "a person", which includes a staff member, has a duty to report under s. 24, irrespective of the Licensee's duty;
2. that staff members must report any incident or suspected incident of resident abuse or neglect to the Director;
3. that a person, including a staff member, must report a suspicion of abuse or neglect of a resident that results in harm or a risk of harm to the resident, including the information upon which the suspicion is based, where a person has reasonable grounds for the suspicion; and
4. that the duty to report to the Director is immediate.

This plan must contain an educational component that identifies and ensures all staff receive abuse training on the revised Abuse and Neglect-Zero Tolerance policy and procedure. The plan shall indicate who will be responsible for ensuring the completion of the tasks. The plan should be submitted in writing by fax to Inspector Paul Miller at fax # 613-569-9670, no later than October 14th, 2014.

Grounds / Motifs :

1. The Licensee has failed to ensure that the homes' Abuse and Neglect-Zero Tolerance Policy contains an explanation of the duty under section 24 to make mandatory reports.

On February 7, 2013 the Licensee received an Order of the Director under the Long-Term Care Homes Act (LTCHA) directing the home to conduct a comprehensive review of their "Abuse and Neglect-Zero Tolerance " policy. The licensee was ordered to revise the policy and procedure to include an explanation of the duty to make mandatory reports under section 24 of the LTCHA including but not limited to clarification of the following matters:

- that "a person" which includes a staff member has a duty to report under s. 24,



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irrespective of the Licensee's duty;

- that staff members must report any incident or suspected incident of resident abuse or neglect to the Director;
- that a person, including a staff member, must report a suspicion of abuse or neglect of a resident that results in harm or risk of harm to the resident, including the information upon which the suspicion is based, where the person has reasonable grounds for the suspicion; and
- that the duty to report to the Director is immediate.

On June 25th, 2014 Inspector #143 conducted a telephone interview with S101. The Inspector reviewed with S101 the incident of abuse which occurred on a specified date. S101 was questioned why she\he did not immediately report the incident of abuse to the Ministry of Health and Long Term Care. S101 advised the inspector that it was the homes policy that staff are to report abuse to the RN supervisor who reports it the administrator. S101 reported that she\he continued to provide resident care and reported the incident to the RN Supervisor. S101 reported that she\he could not recall to whom she\he reported the incident but was advised to put her\his concerns in writing. S101 completed a letter and submitted to the RN Supervisor three days later.

On September 16th, 2014 the Inspector, during a telephone call, reviewed the homes' Abuse and Neglect-Zero Tolerance policy number HR-F-10 effective date July 2003 with revision dates of June 2012, May 2013 and August 2013 with the homes Administrator. At this time a review and discussion was also completed of the Directors Order of February 7th, 2013. The Administrator was asked where in the abuse policy did it make any reference to any person which includes a staff member has a duty to report. The Administrator reported it doesn't but cross referenced that requirement with the Mandatory reporting policy GA-A-44. The Administrator was questioned where in the abuse policy that a person (including a staff member) must report any incident of abuse or neglect to the Director and the Administrator responded "it doesn't". The Administrator was questioned if the abuse policy identified the requirement that a person including a staff member must report to the Director suspicion of abuse or neglect that resulted in harm or risk of harm and he indicated it doesn't. The Administrator was questioned where in the abuse policy HR-F-10 does it indicate that the duty to report to the Director is immediate. The Administrator advised the inspector that on page 2 of 4 of the abuse policy had been updated from "promptly reporting" revision date June 2012 to "immediately report suspected cases of resident abuse or neglect to their supervisor" revision date May



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2013. The Administrator advised the inspector that the Abuse and Neglect- Zero Tolerance policy HR-F-10 revision date August 2013 on page 3 of 4 indicates that the Administrator will upon receiving notification of an abuse allegation ensure that immediate reporting to the MOHLTC and notification of other relevant parties is undertaken in Mandatory Reports, abuse and neglect external reporting and critical incident reporting. (143)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Dec 22, 2014(A2)

Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007, s. 19. (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. 2007, c. 8, s. 19 (1).

Order / Ordre :

(A1)
the Licensee shall ensure that all staff receive education in abuse identification and abuse reporting requirements and that S103 complete training in managing responsive behaviors as well as medication administration.

Grounds / Motifs :



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1. The Licensee has failed to comply with the Long Term Care Homes Act section 19 (1) by not ensuring that residents are protected from abuse and are not neglected.

Ontario Regulation 79/10 section 2. (1) abuse definition states the following:

“emotional abuse” means,

(a) Any threatening, insulting, intimidating or humiliating gestures, actions, behavior or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident,

“verbal abuse” means,

(a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident

On a specified date staff member (S) S101 and S102 observed that resident #1 was resisting\refusing to accept medications that S103 (RPN) was attempting to administer to him\her. S101 completed a letter, To Whom it may concern alleging that S103 in response to resident #1 refusing medications “called the resident a jerk and then placed her\his rear end close to his\her face and told him\her to kiss his\her butt”. This incident was not immediately reported to the Ministry of Health and Long Term Care. The home failed to complete an abuse investigation and did not follow their Abuse Policy and Procedure. In addition to this the home's Abuse and Neglect Zero Tolerance policy is not in compliance with the Ministry Requirements as identified in CO #1.

On a specified date S103 administered a medication to resident #2 that was not prescribed for him\her. An internal medication incident report was completed. The attending physician spoke with the resident and decided that it was necessary to send her\him to hospital via ambulance.

A review of the hospital discharge record identified that resident #2 was admitted following an inadvertent medication error.

On June 19th both the ADOC and DOC were interviewed concerning this medication incident. The ADOC when questioned if this medication error was improper care of



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resident that resulted in harm to the resident indicated yes that it was improper but not deliberate. The DOC reported to the inspector that S103 provided incompetent treatment to resident #2 that resulted in harm to the resident.

On a specified date the Administrator completed a Critical Incident Report (Mandatory Report) reporting abuse/neglect. This Critical Incident reported that S103 had stated to a resident "You are being a frigging pain in the ass".

S103 has been involved in two incidents of alleged and actual abuse while administering medications and a third medication incident (improper care) that resulted in harm to a resident.

The home's compliance history was reviewed for the past three years. On December 17th, 2012 the home was issued a Written Notification (WN) and a Compliance Order (CO) for failing to comply with the Long Term Care Homes Act (LTCHA) section 24 (failure to immediately report instances of abuse to the Director).

On May 4, 2012 the home was issued a WN and CO for failing to comply with the LTCHA section 20. (1) failing to comply with their abuse policy, a WN for failing to comply with the LTCHA section 19 by not ensuring that residents are protected from abuse or neglect as well as a WN and CO for not immediately reporting abuse to the Director.

The home has demonstrated an ongoing inability to sustain compliance related to abuse reporting and the requirement to ensure that residents are protected from abuse and neglect. (143)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 17, 2014(A1)



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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

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



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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

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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.

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, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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.

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
Toronto ON M5S 2B1
Télécopieur : 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 17 day of November 2014 (A2)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** PAUL MILLER - (A2)

**Service Area Office /
Bureau régional de services :** Ottawa