Ontario

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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 15, 2019	2019_729615_0013	000204-19, 000676-19, 003014-19	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

The Village of Glendale Crossing
3030 Singleton Avenue LONDON ON N6L 0B6

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

HELENE DESABRAIS (615)

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): March 6, 12 and 13, 2019.

The following Critical Incident (CI) reports were inspected during this inspection:

CI #2979-000001-19/Log #000204-19 related to prevention of abuse and neglect;
CI #2979-000019-19/Log #003014-19 related to prevention of abuse and neglect;
CI #2979-000003-19/Log #000676-19 related to fall prevention.

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), two Assistant Director of Care (ADOCs), three Registered Practical Nurse (RPNs) and two Personal Support Workers (PSWs).

During the course of the inspection, the inspector(s) also observed the resident home areas and common areas, observed residents' care provisions, resident/staff interactions, reviewed relevant resident clinical records, relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **3 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 :

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

On two specific dates, the home submitted Critical Incident (CI) #2979-000019-19/Log #003014-19 and CI #2979-000001-19/Log #000204-19 to the Ministry of Health and Long Term Care (MOHLTC) related to a resident to resident alleged physical abuse.

A review of the home's policy Tab 04-06 "Prevention of Abuse" stated in part "All team members are required to report any suspicions, incidents, or allegations of neglect and/or abuse immediately to the Director as well as any supervisor or any member of the leadership team for further investigation, and to follow Section 24-Mandatory Reports. [LTC Act s.24]".

A review of the residents' progress notes in Point Click Care (PCC) a day prior to the CIs being submitted stated that the alleged abuse occurred earlier and there was no mention that staff reported the abuse to either the Director or the home leadership team.

During interviews, two Registered Practical Nurses (RPNs) and two Personal Support Workers (PSWs) all stated they would report immediately allegations of abuse to their manager.

During an interview, an Assistant Director of Care (ADOC) stated that the incident was abuse and that staff should have reported it immediately to the leadership team and the Director as per the home's policy.

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)]

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 the written policy that promoted zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

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 :

1. The licensee has failed to ensure that a person who had reasonable grounds to suspect that abuse of a resident occurred or may occur, immediately reported the suspicion and the information upon which it was based to the Director.

During a review of a resident's progress notes in PCC related to CI #2979-000001-19/Log #000204-19, it was found that on specific date an RPN reported to the ED and the DOC that they had witnessed a resident physically abusing a co-resident and uttering threats.

A review of the resident's progress notes written by the DOC on the same day, stated that they did not submit a CI to the Director.

During an interview a RPN stated that the incident was physical abuse and that they made sure to report it to the ED and DOC so that a CI could be submitted to the Director.

During an interview, an ADOC reviewed the progress notes above mentioned and stated that it was physical abuse and should have been reported immediately to the Director.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that abuse of a resident occurred immediately reported the suspicion and the information upon which it was based to the Director. [s. 24. (1)]

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 had reasonable grounds to suspect that abuse of a resident occurred or may occur, immediately report the suspicion and the information upon which it was based to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 55. Behaviours and altercations
Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and
(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of a resident's behaviours, including responsive behaviours, and that minimized the risk of altercations and potentially harmful interactions between and among residents.

On a specific date, the home submitted CI #2979-000001-19/Log #000204-19 to the MOHLTC related to a resident to resident alleged physical abuse.

A review of the home's policy Tab 04-84 "Personal Expression Program" Procedure: Development of Resident's Care/Service Plan (1-4wks): 1. The Village may need to utilize support through specific education and utilize internal supports. Examples of support may include, but not limited to the Village's nurse consultant, PERT team, physician, social worker, recreation, dementia coordinator. 2. Access additional external resources only if internal support are not effective. 3. Adjust plan of care as required as we observe, support, understanding ans reflect the resident care requirements. 4. Document the effectiveness of support strategies and update resident's plan of care/service plan."

A review of the resident's progress notes in PCC revealed that for a period of five months the resident threatened to hurt residents and staff, had physical altercations with resident

and staff and physically abused residents and staff.

A review of the resident plan of care did not include resident's triggers and interventions to minimize the risk of altercations among staff and residents.

During an interview, a PSW stated that they could not say what the resident's triggers were or interventions when asked by the inspector.

During an interview, a RPN stated that the resident's personal expressions had been up and down but escalating over time and that there were no mention of physical expressions and interventions in their plan of care.

During an interview, an ADOC stated that triggers and interventions should have been implemented to assist residents and staff to minimize the risk of altercations and harmful interactions between them.

The licensee has failed to ensure that procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of the resident's behaviours, including responsive behaviours, and that minimized the risk of altercations and potentially harmful interactions between and among residents. [s. 55. (a)]

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 procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and that minimize the risk of altercations and potentially harmful interactions between and among residents, to be implemented voluntarily.

Issued on this 20th day of March, 2019

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

Original report signed by the inspector.