



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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jun 7, Jul 6, 11, 12, 13, 23, 30, Aug 2, 2012	2012_090172_0031	Complaint

**Licensee/Titulaire de permis**

Oneida Nation of the Thames  
2212 Elm Avenue, R. R.#2, SOUTHWOLD, ON, N0L-2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)  
2212 Elm Avenue, R. R.#2, SOUTHWOLD, ON, N0L-2G0

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

JOAN WOODLEY (172)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the Administrator/ Director of Care, a Representative from Assured Care, 2 Nurse Managers, 3 Registered Practical Nurses, 4 Personal Support Workers, Program Manager and the Clinical Occupational Therapist/ Educator.

During the course of the inspection, the inspector(s) observed care, reviewed health care records, policies and other relevant documents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Recreation and Social Activities

**Responsive Behaviours**

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

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

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits saillants :**

1. Chart review revealed a resident's Right to be protected from abuse was not respected.

2. Staff interview with a Nurse Manager and the Administrator/Director of Care confirmed a resident's Right to be protected from abuse had not been respected.

[LTCHA, 2007, S.O. 2007, c.8, s.3(1)2.]

**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 all Residents' Rights are fully respected and promoted, to be implemented voluntarily.*

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following subsections:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident;**

**(b) the goals the care is intended to achieve; and**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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**Findings/Faits saillants :**

1. Review of the progress notes of a resident revealed multiple falls. This was not identified as a focus on the care plan with any specific interventions to give staff directions in preventing further falls.

Staff interview with a Registered Practical Nurse confirmed this.

[LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)]

**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 all identified care needs are identified and interventions developed and documented, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

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

1. Review of the Ministry of Health and Long Term Care (MOHLTC) Critical Incident System did not reveal a Critical Incident being submitted related to allegations of Abuse.

Staff interview with Administrator/Director of Care revealed that no Critical Incident had been filed by the home with the MOHLTC related to Abuse as required when there is suspicion or confirmation of abuse of a resident by anyone or staff that resulted in harm or a risk of harm to a resident.

[LTCHA, 2007, S.O. 2007, c.8, s.24(1)2]

**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 whereby immediate reporting to the Director will occur when there is suspicion or confirmation of resident abuse, 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. 30. Protection from certain restraining

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

1. Restrained, in any way, for the convenience of the licensee or staff.
  2. Restrained, in any way, as a disciplinary measure.
  3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.
  4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36.
  5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).
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**Findings/Faits saillants :**

1. Review of Policy 4.1 Resident's Rights and Safety, Section 2. Abuse and Neglect Prevention Program, revised Nov.2011, and Section 3. Restraints, revised Nov.2011, were not followed.

Staff interview with Administrator/ Director of Care, a Representative from Assured Care and a Nurse Manager confirmed action taken by staff did not follow the policies of the home.  
LTCHA, 2007, S.O. 2007, c.8, s.30(1)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 residents are protected from certain restraining, to be implemented voluntarily.*

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices**

Specifically failed to comply with the following subsections:

**s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:**

1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.
2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.
3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.
4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.
5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.
6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).

**s. 31. (3) If a resident is being restrained by a physical device under subsection (1), the licensee shall ensure that,**

- (a) the device is used in accordance with any requirements provided for in the regulations;
- (b) the resident is monitored while restrained, in accordance with the requirements provided for in the regulations;
- (c) the resident is released and repositioned, from time to time, while restrained, in accordance with the requirements provided for in the regulations;
- (d) the resident's condition is reassessed and the effectiveness of the restraining evaluated, in accordance with the requirements provided for in the regulations;
- (e) the resident is restrained only for as long as is necessary to address the risk referred to in paragraph 1 of subsection (2);
- (f) the method of restraining used is discontinued if, as a result of the reassessment of the resident's condition, one of the following is identified that would address the risk referred to in paragraph 1 of subsection (2):
  - (i) an alternative to restraining, or
  - (ii) a less restrictive method of restraining that would be reasonable, in light of the resident's physical and mental condition and personal history; and
- (g) any other requirements provided for in the regulations are satisfied. 2007, c. 8, s. 31 (3).

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**Findings/Faits saillants :**

1. Review of the Restraint record book revealed omissions in documentation of hourly checks. Staff interviews with a Registered Practical Nurse, a Nurse Manager, and Administrator/Director of Care revealed the home's expectation was that the hourly checks were to be documented in the Restraint Binder.  
[LTCHA, 2007, S.O. 2007, c.8, s.31(3)(b)]

Review of the monthly restraint records revealed no initialing in the column identified for a Registered staff to initial, representing a re-assessment of the need for the restraint.

Staff interview with a Registered Practical Nurse revealed a lack of knowledge to reassess the need for the restraint and that by initialing it meant the reassessment had been done.  
[LTCHA, 2007, S.O. 2007, c.8, s.31(3)(d)]

2. Review of three (3) health care records revealed no written consents were obtained by the home prior to the implementation of a restraint.

Staff interview with a Nurse Manager revealed there should have been verbal discussions with the resident's family but no written consents were obtained.  
[LTCHA, 2007, S.O. 2007, c.8, s.31(2)5]

3. Review of three (3) health records revealed no documentation of any alternatives considered or trialed and being ineffective prior to a restraint being ordered.

Staff interview with a Nurse Manager confirmed no assessments of alternatives could be found.  
[LTCHA, 2007, S.O. 2007, c.8, s.31(2)2]

**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 residents being considered for restraining by physical devices are assessed, monitored, alternatives are trialed and written consent is obtained, to be implemented voluntarily.*

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**  
Specifically failed to comply with the following subsections:

- s. 53. (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,
- (a) integrated into the care that is provided to all residents;
  - (b) based on the assessed needs of residents with responsive behaviours; and
  - (c) co-ordinated and implemented on an interdisciplinary basis. O. Reg. 79/10, s. 53 (2).

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**Findings/Faits saillants :**

1. Chart review revealed a consultation had been completed for a specific resident. The recommendations had not been implemented by programs.

2. Staff interview with Program Manager revealed she was not aware of a consultation and the recommendations made related to programming.  
[LTCHA, 2007, S.O. 2007, c.8, s.53(2)c]



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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 the co-ordination and implementation for all programs and services on an interdisciplinary basis, to be implemented voluntarily.*

Issued on this 2nd day of August, 2012

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

*Jean L. Woodley*