



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 27, 2016	2016_264609_0010	030488-15	Critical Incident System

Licensee/Titulaire de permis

Algoma Manor Nursing Home
145 Dawson Street THESSALON ON P0R 1L0

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

Algoma Manor Nursing Home
145 Dawson Street THESSALON ON P0R 1L0

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

CHAD CAMPS (609)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 1, 2, 3, 2016.

This inspection was completed as a result of a Critical Incident Report (CIS) that was submitted to the Director related to staff to resident abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Medical Director, the Director of Care (DOC), the Director of Resident Services, Registered and Registered Practical Nurses (RNs, RPNs) as well as Recreation staff.

The inspector(s) also toured the home daily, observed staff and resident interactions, reviewed policies and procedures, clinical records, internal investigation reports, components of human resource files and training logs.

Ad-hoc notes were used during this inspection.

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

1 WN(s)

1 VPC(s)

0 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 O.Reg 79/10, s. 218. Orientation For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

- 1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.**
- 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.**
- 3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.**



Findings/Faits saillants :

1. The licensee has failed to ensure that additional areas of training in safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that was relevant to the staff member's responsibilities, was provided to staff.

A Critical Incident Report (CIS) was submitted to the Director which outlined allegations of potential staff to resident abuse.

A review of the home's internal investigation revealed that additional retraining was required for specified staff members involved.

A review of the cited retraining provided by the home revealed that both specified staff members named in the CIS did not receive the additional retraining identified by the home.

An interview with the DOC and the Director of Resident Services acknowledged that no follow-up and no retraining to address the identified needs for the specified staff members occurred since the CIS was submitted.

The DOC and the Director of Resident Services confirmed that it was the expectation of the home that all staff completed the identified required retraining.

The DOC and the Director of Resident Services confirmed that in the case of the specified staff members implicated in the CIS who did not complete the retraining, the home was not in compliance with the Regulation and should have been. [s. 218. 2.]



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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 additional areas of training in safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities is provided to staff, to be implemented voluntarily.

Issued on this 28th day of April, 2016

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

Original report signed by the inspector.