



**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 6, 2016	2016_332575_0008	005253-16	Complaint

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

LINDSAY DYRDA (575)

Inspection Summary/Résumé de l'inspection



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

**This inspection was conducted on the following date(s): March 2-3, 2016.
Additional interviews and information were collected off-site on March 4, 29, and
30, 2016, and April 19, and 20, 2016.**

This inspection is related to a complaint regarding an allegation of retaliation.

**An additional inspector, Alex McWilliam, was also present during the on-site
inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Medical Director (MD), Chairman of the Board, Registered Nurses (RN), and
Personal Support Workers (PSW).**

**The inspector also reviewed several policies, training records, emails, meeting
minutes, and other relevant records.**

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

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 LTCHA, 2007 S.O. 2007, c.8, s. 26.
Whistle-blowing protection**



Specifically failed to comply with the following:

s. 26. (1) No person shall retaliate against another person, whether by action or omission, or threaten to do so because,

(a) anything has been disclosed to an inspector; 2007, c. 8, s. 26 (1).

(b) anything has been disclosed to the Director including, without limiting the generality of the foregoing,

(i) a report has been made under section 24, or the Director has otherwise been advised of anything mentioned in paragraphs 1 to 5 of subsection 24 (1),

(ii) the Director has been advised of a breach of a requirement under this Act, or

(iii) the Director has been advised of any other matter concerning the care of a resident or the operation of a long-term care home that the person advising believes ought to be reported to the Director; or 2007, c. 8, s. 26 (1).

(c) evidence has been or may be given in a proceeding, including a proceeding in respect of the enforcement of this Act or the regulations, or in an inquest under the Coroners Act. 2007, c. 8, s. 26 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that no person retaliated against another person, whether by action, omission or threat to do so, because anything had been disclosed to an Inspector.

Inspector #575 reviewed a complaint faxed to the Sudbury Service Area Office (SSAO), alleging that the Administrator had retaliated against staff member #100, subsequent to becoming aware that they had made complaints to the Ministry of Health and Long-Term Care (MOHLTC) about the operation of the home.

Approximately four months prior, staff member #100 submitted a complaint to the MOHLTC Action Line and two weeks later, they provided additional information to an Inspector at the Centralized Intake Assessment and Triage Team (CIATT) and an Inspection Team Lead from the SSAO. Two additional complaint letters were also submitted to the MOHLTC.

A letter of concern was submitted by staff member #100, signed by two other staff members to the Algoma Manor Board of Directors. The letter outlined their concerns and requested a meeting with the Board to discuss these concerns. A meeting was then held to discuss the letter of concern.



During the meeting, staff member #100 advised those at the meeting that they were proceeding with a complaint to the MOHLTC. Following the meeting, the Administrator sent an email (email #1) (with the Chairman of the Board carbon copied) to the staff member advising them that the Board had requested a copy of the complaint letters, that they submitted to the MOHLTC, be sent to the Administrator and Chairman of the Board. Subsequently, on the same day, staff member #100 denied this request.

During an interview with the inspector, staff member #100 stated that they felt intimidated by the Administrator's request (email #1) for copies of the letters that they had submitted to the MOHLTC. They explained that they felt that by asking for the letters, they were attempting to intimidate and challenge them. As a result, they felt that the Administrator and Chairman of the Board would say that they were making things up. Further, staff member #100 stated that the request suggested that the Administrator and Chairman of the Board would examine and challenge their complaint, which they felt was an attempt to intimidate them before the complaint could be reviewed by a third party.

During an interview with the inspector, the Administrator confirmed that they had sent email #1 and requested copies of the letters that staff member #100 sent to the MOHLTC. The Administrator stated that they requested the letters because they wanted to compare the complaint with the previous concerns outlined in the letter of concern, because some of the concerns/allegations were false.

The inspector reviewed an email (email #2), (dated the day after the meeting), sent to staff member #100 by the Administrator. This email (email #2) stated an allegation that was brought forward about staff member #100 and a meeting that was held, and requested staff member #100 to verify their involvement. Attached to email #2 was a handwritten letter indicating details regarding the alleged meeting.

During an interview with the inspector, staff member #100 stated that they were not involved in the meeting as described in email #2.

During interviews with the inspector on two occasions, staff member #103 confirmed that they wrote the handwritten letter attached to email #2 and that they were not involved in a meeting as described in email #2. The handwritten letter was not related to the allegations as described in email #2. The staff member confirmed that at some point after they wrote the letter, the Administrator approached them and asked if they wrote the letter. They told the inspector that they explained the meaning of the letter to the



Administrator.

During an interview with the inspector, the Administrator stated that several staff advised them of meetings occurring between certain staff and staff member #100. The Administrator stated that staff member #110 advised them of the alleged meeting that had taken place (as described in email #2) between staff member #100 and potentially two other staff members (#111 or #112) and the content of this meeting was primarily inappropriate comments about the management team.

In an email sent to the inspector, the Administrator stated that they received the handwritten letter that was attached to email #2 approximately five weeks prior to when they sent the email, and that they spoke with staff member #103 about the letter a few days before the meeting that was held with staff member #100.

During an interview, the Administrator confirmed that staff member #103 never mentioned being involved in a meeting with staff members #111, #112 and #100. They further indicated that the handwritten letter was attached to email #2 because it was the only thing that had staff member #100's name on it and they wanted to know what the complaints were.

During an interview with the inspector, staff member #100 stated that they felt intimidated by email #2 because the Administrator suggested that they were leading a "rebellion" and acting outside of an acceptable manner. They stated that if the concerns raised in email #2 had any validity, they thought the Administrator would have brought the concern up in the meeting that was held. They explained that the Administrator made it seem like they had an agenda and that they were not being truthful about what was going on. They stated that the email had an underlying theme that "if you don't watch out, this is what I'm going to say about you". They confirmed that they felt harassed and threatened by the Administrator's actions.

The home's policy titled MOHLTC - Whistle Blower Protection, last revised January 2015, outlined that the Administrator would ensure that no person would retaliate against another person, whether by action or omission, or threaten to do so because of anything disclosed to an inspector or the MOHLTC.

Three written complaints were submitted to the MOHLTC by staff member #100 regarding concerns surrounding the operation of the home. The staff member advised the Administrator that they had submitted complaints to the MOHLTC. Subsequently, the



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Administrator's actions towards the complainant have been determined to constitute retaliation by intimidation and harassment. [s. 26. (1) (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 ensuring that no person retaliates against another person, whether by action, omission or threat to do so, because anything has been disclosed to an Inspector, to be implemented voluntarily.

Issued on this 10th day of June, 2016

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

Original report signed by the inspector.