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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159 rue Cedar Bureau 403
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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 27, 2019	2019_615609_0010	015357-18, 027048-18, 001264-19	Critical Incident System

Licensee/Titulaire de permis

Board of Management for the District of Parry Sound West
21 Belvedere Avenue PARRY SOUND ON P2A 2A2

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

Belvedere Heights
21 Belvedere Avenue PARRY SOUND ON P2A 2A2

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

CHAD CAMPS (609)

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 5-8, 2019.

Three intakes were completed during this Critical Incident System (CIS) inspection:

One intake was related to a resident who fell and was diagnosed with an injury;
One intake was related to staff to resident abuse; and
One intake was related to resident to resident abuse.

A concurrent Complaint (CO) Inspection #2019_615609_0009 was conducted during this inspection.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (Administrator), Director of Nursing Administration (DONA), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Food Service Workers (FSWs), residents and family members of residents.

The inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed health care records, human resource files, as well as licensee policies and procedures.

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

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **1 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 :

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

Emotional abuse is defined in the Ontario Regulation (O. Reg.) 79/10 as any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident; while

Verbal abuse is defined as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a 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.

a) A Critical Incident (CI) report was submitted by the home to the Director which outlined how RN #109 verbally and emotionally abused resident #005 and #006.

Inspector #609 reviewed the home's policy titled "Prevention of Abuse and Neglect ZERO Tolerance" effective October 2015 which required staff who alleged or suspected abuse to immediately report their suspicions to the RN, DONA or Chief Executive Officer (Administrator).

A review of resident #005's health care records identified a progress note documented by RN #110, on a particular day, which indicated that as per the PSW communication sheet dated several days previously that PSW #108 and #107 were informed that resident #005 was in visible distress and described the reason why.

Neither the DONA nor Administrator could produce the PSW communication sheet outlining the allegations of abuse of resident #005 and #006 to the Inspector when requested.

During an interview with PSW #107, they outlined how they found resident #005 "very upset". The resident described RN #109's conduct. PSW #107 considered RN #109's conduct abusive and wrote the allegations onto the PSW communication sheet. PSW #107 indicated that they should have immediately reported the allegations of abuse by RN #109 to the DONA or the Administrator.

During an interview with the DONA, they indicated that PSW #108 and #107 documented allegations of abuse of resident #005 and #006 in the PSW communication sheet. These allegations were not acted upon until RN #110 reviewed the PSW communication sheets several days later.

A review of RN #109's schedule was conducted with the DONA who verified that as a result of not immediately reporting, RN #109 was able to work at least two additional shifts before the home was aware of the allegations of abuse by RN #109 towards resident #005 and #006.

b) A review of the CI report submitted by the home to the Director described the abuse allegation of RN #109 towards resident #005.

During an interview with resident #005, they recalled the CI and described RN #109's actions towards them. They further stated to the Inspector that the RN was "threatening" and ignored them when they said they protested. Resident #005 also described another incident with RN #109 days before the CI. Resident #005 stated they were "fearful" of RN #109.

During an interview resident #007 was asked by the Inspector about the care they received from RN #109. The resident described an incident of alleged abuse by RN #109 towards them.

Inspector #609 subsequently reported these new allegations of abuse to the Administrator to take action and investigate.

A review of the home's policy titled "Prevention of Abuse and Neglect ZERO Tolerance" effective October 2015 indicated that the home shall uphold the right of residents to be treated with dignity, respect, while living free from abuse and neglect.

During a telephone interview with RN #109, they denied recalling the CI involving resident #005 and hung up the phone on the Inspector.

A review of RN #109's Human Resources (HR) file, found a history of discipline related to abusive conduct.

During an interview with the DONA, they verified that RN #109 did not follow the home's abuse policy while engaging with resident #005. [s. 20. (1)]

Additional Required Actions:

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

Issued on this 29th day of March, 2019

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

Original report signed by the inspector.

Ministry of Health and Long-Term Care

Ministère de la Santé et des 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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CHAD CAMPS (609)
Inspection No. / No de l'inspection :	2019_615609_0010
Log No. / No de registre :	015357-18, 027048-18, 001264-19
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Mar 27, 2019
Licensee / Titulaire de permis :	Board of Management for the District of Parry Sound West 21 Belvedere Avenue, PARRY SOUND, ON, P2A-2A2
LTC Home / Foyer de SLD :	Belvedere Heights 21 Belvedere Avenue, PARRY SOUND, ON, P2A-2A2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Marsha Rivers

To Board of Management for the District of Parry Sound West, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee must be compliant with s. 20. (1) of the Long Term Care Homes Act (LTCHA) 2007.

Specifically, the licensee must:

a) Implement a system to monitor RN #109 to ensure no resident is abused or neglected by them.

b) Retrain PSW #107 and #108 in the home's zero tolerance of abuse policy to ensure any suspicions of abuse or neglect of a resident is immediately reported as required.

Grounds / Motifs :

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

Emotional abuse is defined in the Ontario Regulation (O. Reg.) 79/10 as any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident; while

Verbal abuse is defined as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a 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.

a) A Critical Incident (CI) report was submitted by the home to the Director which outlined how RN #109 verbally and emotionally abused resident #005 and #006.

Inspector #609 reviewed the home's policy titled "Prevention of Abuse and Neglect ZERO Tolerance" effective October 2015 which required staff who alleged or suspected abuse to immediately report their suspicions to the RN, DONA or Chief Executive Officer (Administrator).

A review of resident #005's health care records identified a progress note documented by RN #110, on a particular day, which indicated that as per the PSW communication sheet dated several days previously that PSW #108 and #107 were informed that resident #005 was in visible distress and described the reason why.

Neither the DONA nor Administrator could produce the PSW communication sheet outlining the allegations of abuse of resident #005 and #006 to the Inspector when requested.

During an interview with PSW #107, they outlined how they found resident #005 "very upset". The resident described RN #109's conduct. PSW #107 considered RN #109's conduct abusive and wrote the allegations onto the PSW communication sheet. PSW #107 indicated that they should have immediately reported the allegations of abuse by RN #109 to the DONA or the Administrator.

During an interview with the DONA, they indicated that PSW #108 and #107 documented allegations of abuse of resident #005 and #006 in the PSW communication sheet. These allegations were not acted upon until RN #110 reviewed the PSW communication sheets several days later.

A review of RN #109's schedule was conducted with the DONA who verified that as a result of not immediately reporting, RN #109 was able to work at least two additional shifts before the home was aware of the allegations of abuse by RN #109 towards resident #005 and #006.

b) A review of the CI report submitted by the home to the Director described the abuse allegation of RN #109 towards resident #005.

During an interview with resident #005, they recalled the CI and described RN #109's actions towards them. They further stated to the Inspector that the RN was "threatening" and ignored them when they said they protested. Resident #005 also described another incident with RN #109 days before the CI. Resident #005 stated they were “fearful” of RN #109.

During an interview resident #007 was asked by the Inspector about the care they received from RN #109. The resident described an incident of alleged abuse by RN #109 towards them.

Inspector #609 subsequently reported these new allegations of abuse to the Administrator to take action and investigate.

A review of the home’s policy titled “Prevention of Abuse and Neglect ZERO Tolerance” effective October 2015 indicated that the home shall uphold the right of residents to be treated with dignity, respect, while living free from abuse and neglect.

During a telephone interview with RN #109, they denied recalling the CI involving resident #005 and hung up the phone on the Inspector.

A review of RN #109’s Human Resources (HR) file, found a history of discipline related to abusive conduct.

During an interview with the DONA, they verified that RN #109 did not follow the home’s abuse policy while engaging with resident #005.

The severity of the issue was determined to be a level three as there was actual harm to resident #005 and #006. The scope of the issue was a level two or a pattern of non-compliance with the home's abuse policy. The home had previous non-compliance in this area of the legislation that included:
- A Voluntary Plan of Correction (VPC) issued on December 21, 2016, during inspection #2016_332575_0021;
- Another VPC issued March 27, 2018, during inspection #2018_615638_0005;

and
- A third VPC issued September 12, 2018, during inspection #2018_745690_0008. (609)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 03, 2019

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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 27th day of March, 2019

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Chad Camps

Service Area Office /
Bureau régional de services : Sudbury Service Area Office