Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére 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
Direction de l'amélioration de la performance et de la conformité

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 31, Aug 2, 5, 6, 13, 15, 17, Sep 5, 2012	2012_140158_0008	Complaint

Licensee/Titulaire de permis

BLIND RIVER DISTRICT HEALTH CENTRE
525 Causley Street, P.O. Box 970, BLIND RIVER, ON, P0R-1B0

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

BLIND RIVER DISTRICT HEALTH CENTRE - LTC UNIT
525 CAUSLEY STREET, P. O. BOX 970, BLIND RIVER, ON, P0R-1B0

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

KELLY-JEAN SCHIENBEIN (158)

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, the Chief Nursing Officer, the Manager of the LTC unit, the RAI Coordinator, Registered Nursing Staff, Personal Support Workers, Residents and Families.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, observed resident care delivery, reviewed health care records and reviewed various policies and procedures.
The following logs were reviewed as part of this Complaint inspection: S-000619-12,S-000748-12, S-000749-12, S -000769-12, S-000771-12, S-000913-12 and S-000914-12.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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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.) 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 subsections:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(a) shall provide that abuse and neglect are not to be tolerated;
(b) shall clearly set out what constitutes abuse and neglect;
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
(f) shall set out the consequences for those who abuse or neglect residents;
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The Inspector reviewed the home's May/2011 Abuse Policy on July 31/12 and the policy fails to contain an explanation of the duty under section 24 to make mandatory reports regarding incidents of Abuse and neglect of residents to the Ministry. [LTCHA 2007, S.O. 2007, c.8, s. 20 (2)(d)]

WN #2: 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. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The Inspector reviewed the health care record including the plan of care for resident # 01 on July 31/12. The progress notes identified that resident # 01 has refused medication, some meals and the use of a transfer equipment during transferring. The resident's plan of care does not address this behaviour nor provide interventions to manage the behaviour. The home did not ensure that strategies were developed and implemented to respond to the resident demonstrating responsive behaviours. [O. Reg. 79/10, s. 53. (4)(b)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The Inspector reviewed the home's May/2011 Abuse Policy on July 31/12 and the policy fails to identify measures and strategies to prevent abuse or neglect. The home did not ensure that its written policy to promote zero tolerance of abuse and neglect of residents identifies measures and strategies to prevent abuse and neglect.[O. Reg. 79/10, s.96.(c)]
2. The Inspector reviewed the home's May/2011 Abuse Policy on July 31/12 and the policy fails to contain procedures and interventions to assist or support residents who have been allegedly or actually abused or neglected. The home failed to ensure that it's policy contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. [O. Reg. 79/10, s.96.(a)]

WN #4: 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The Inspector reviewed the health care record including the plan of care for resident # 01 on July 31/12. The resident's plan of care identified that the resident required supervision of 1 staff without providing physical assistance when transferring. On June 5/12, staff # 109 transferred the resident using a mechanical lift which caused the resident emotional distress and fear of staff # 109.
In June 2012, The Ministry received the home's response letter to the family of resident # 01 following the family's verbal complaint regarding the above incident. The letter identified the family's agreement of the following: staff #109 would not be assigned to provide care to the resident. It is noted in the letter that the home identified that the resident's care may be delayed if the assigned staff member was unable to attend to the resident in a timely fashion. It is also identified that in the event of an emergency, staff # 109 would respond if the the resident required immediate attention.
On July 27/12, staff # 109 did not follow the plan of care as outlined above which caused the resident to become upset and fearful.
On July 30/12, resident # 01 was able to relay to the Inspector the events of both incidents. The resident confirmed on July 30/12 that the resident was fearful of staff # 109 and continues to be so.
The resident's written care plan did not reflect the resident's expressed fear nor the specific care interventions which were identified in the June 2012 response letter.
The home did not follow the care directives for resident # 01 when the staff member provided resident # 01 assistance which was not an emergency or an event in which the resident required immediate assistance. The home did not ensure that the care set out in the plan of care was provided to resident # 01 as specified in the plan. [LTCHA 2007, S.O. 2007, c.8, s. 6 (7)]

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 the care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.

Issued on this 5th day of September, 2012

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