Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
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Bureau régional de services de Centre Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
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Télécopieur: (519) 885-2015

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 8, 2021	2021_610633_0012	003404-21	Complaint

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock ON N4S 3V9

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

Cambridge Country Manor
3680 Speedsville Road, R.R. #1 Cambridge ON N3H 4R6

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

SHERRI COOK (633)

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): May 4-7, 10-14, 2021.

A complaint intake related to alleged abuse was completed during this inspection.

An Infection Prevention and Control (IPAC) inspection was completed during concurrent critical incident (CI) inspection 2021-610633_0011.

Inspectors Janis Shkinyk #706119 and Brittany Nielsen #705769 were present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Associate Director of Care (A-DOC), the Activation Director, the Food Service/Environmental Services Manager (FS/ESM), Corporate representatives, Registered Nurses (RNs), Registered Practical Nurses (RPNs), swabbers, Personal Support Workers (PSWs), housekeepers, screeners, the Clinical Lead Cambridge Memorial Hospital, Region of Waterloo Public Health inspectors and a resident.

The inspector observed staff/resident interactions and the home's policy to promote zero tolerance of abuse, and the plan of care for the identified resident's were also reviewed.

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)**
- **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

Findings/Faits saillants :

The licensee has failed to ensure that the procedures for reporting and responding to alleged allegations of abuse and neglect of a resident contained in the home's written policy to promote zero tolerance of abuse, was complied with in relation to two incidents of alleged staff abuse towards two residents.

The home's policy Abuse & Neglect-Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff dated September 2018, contained procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

A) O. Reg. 79/10, s. 2 (1) defines verbal abuse in part as 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 staff member heard another staff member call a resident a name. The comment was inappropriate and belittled the resident. The staff member verbally reported the incident to the charge nurse (CN). At the time of inspection, the resident recalled the name they were called by a staff member.

Staff did not comply with the home's written policy to promote zero tolerance of abuse. Specifically:
-there was no record of the incident including the resident name, date, time, names of staff involved and type of abuse reported;
-the resident was not assessed by the CN;
-the resident’s SDM was not notified;
-the DOC was not notified;
-an investigation was not completed and;
-a critical incident (CI) report was not submitted to the Director of the MLTC immediately.

B) O. Reg. 79/10, s. 2 (1) defines physical abuse as the use of physical force by anyone other than a resident that causes physical injury or pain.

On two specific dates a resident was upset and informed a staff member of an alleged incident of physical abuse by a staff member. A staff member observed an injury, however, did not report the incident to their manager until two days later. The manager did not inform the CN about the incident and therefore the resident was not assessed. Additionally, the MLTC after hours Action line was not called, and the DOC was not notified until another day later. On another date, a staff member verbally reported the resident’s allegation to the CN however, neither staff members notified the DOC.

Staff did not comply with the home’s written policy to promote zero tolerance of abuse. Specifically:
-the incident was not reported immediately to the FS/ESM, CN and DOC;

-the resident was not assessed by the CN;
-the resident's SDM and MD were not notified;
-an investigation was not completed and;
-a critical incident (CI) report was not submitted to the Director of the MLTC immediately.

As a result of staff not following the home's abuse policy,two residents were not assessed for emotional or physical harm. In addition, the lack of investigation and immediate reporting may have placed the residents at further risk of harm when the staff members continued to work.

Sources: Interview with two residents; and their progress notes, assessments and risk management, the home's policy Abuse & Neglect-Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff (September 2018); interviews with multiple staff and the DOC.

2. The home's written policy to promote zero tolerance of abuse was non-complaint with s. 20(2)(d)(e) of the LTCHA. Specifically, the home's policy did not contain:
-an explanation of the duty under section 24 of the LTCHA of all persons, which included staff, to make mandatory reports to the MLTC;
-a clear procedure for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

A) Staff and management had varying responses about the requirements for reporting abuse and neglect, including who should be notified and when. The home's policy did not direct staff to immediately report allegations to the MLTC as per the LTCHA 2007, s. 24. The policy stated that only the DOC/ED and/or ED delegate, who had reasonable grounds to suspect abuse of a resident has occurred or may have occurred, would report to the MLTC.

B) Staff and management had varying responses about the process for investigating incidents of abuse and neglect including staff documentation. There was no clear investigation procedure contained in the home's abuse policy including a clear procedure for staff documentation. The home's abuse policy did not direct staff to complete a written statement or documentation of the incident. The policy did not indicate that the employee would be sent home until the investigation was completed.

Due to a lack of clear reporting and investigative procedures related to abuse and neglect, there was incomplete documentation, no follow up and the incidents involving

two residents were not reported to the MLTC. There was minimal risk of harm to the identified residents related to not following the abuse policy and the policy not complying with the LTCHA.

Sources: a resident interview; two residents progress notes, assessments and risk management, the home's policy Abuse & Neglect-Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff (September 2018), Memo to LTCHs from the Director: Clarification of Mandatory and CI Reporting Requirements (August 2018); interviews with multiple staff, the A-DOC and DOC.

Additional Required Actions:

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

Issued on this 22nd day of June, 2021

[redacted]

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

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 Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SHERRI COOK (633)
Inspection No. / No de l'inspection :	2021_610633_0012
Log No. / No de registre :	003404-21
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Jun 8, 2021
Licensee / Titulaire de permis :	Caressant-Care Nursing and Retirement Homes Limited 264 Norwich Avenue, Woodstock, ON, N4S-3V9
LTC Home / Foyer de SLD :	Cambridge Country Manor 3680 Speedsville Road, R.R. #1, Cambridge, ON, N3H-4R6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Heather Richardson

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / No d'ordre : 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. Policy to promote zero tolerance

Order / Ordre :

The licensee must comply with LTCHA, 2007 S.O. 2007, c.8, s. 20.

Specifically the licensee must ensure:

1) The home's zero tolerance of abuse policy is reviewed and revised to include at a minimum:
a) the duty of all persons to report allegations of alleged abuse or neglect of a resident to the Ministry of Long-Term Care (MLTC) as per s. 24 of the LTCHA;
b) a clear investigation procedure including staff documentation.

The date of the review, who is responsible, and changes made must be documented.

2) All staff are retrained on the home's revised zero tolerance of abuse policy. A written record of the completed education must be kept and include the date, staff signatures and the staff member who provided the education if any.

Grounds / Motifs :

1. The licensee has failed to ensure that the procedures for reporting and responding to alleged allegations of abuse and neglect of a resident contained in the home's written policy to promote zero tolerance of abuse, was complied with in relation to two incidents of alleged staff abuse towards two residents.

The home's policy Abuse & Neglect-Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff dated September 2018, contained procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

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On two specific dates a resident was upset and informed a staff member of an alleged incident of physical abuse by a staff member. A staff member observed an injury, however, did not report the incident to their manager until two days later. The manager did not inform the CN about the incident and therefore the resident was not assessed. Additionally, the MLTC after hours Action line was not called, and the DOC was not notified until another day later. On another date, a staff member verbally reported the resident's allegation to the CN however, neither staff members notified the DOC.

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As a result of staff not following the home's abuse policy,two residents were not assessed for emotional or physical harm. In addition, the lack of investigation and immediate reporting may have placed the residents at further risk of harm when the staff members continued to work.

Sources: Interview with two residents; and their progress notes, assessments and risk management, the home's policy Abuse & Neglect-Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff (September 2018); interviews with multiple staff and the DOC.

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A) Staff and management had varying responses about the requirements for reporting abuse and neglect, including who should be notified and when. The home's policy did not direct staff to immediately report allegations to the MLTC as per the LTCHA 2007, s. 24. The policy stated that only the DOC/ED and/or ED delegate, who had reasonable grounds to suspect abuse of a resident has occurred or may have occurred, would report to the MLTC.

B) Staff and management had varying responses about the process for investigating incidents of abuse and neglect including staff documentation. There was no clear investigation procedure contained in the home's abuse policy including a clear procedure for staff documentation. The home's abuse policy did not direct staff to complete a written statement or documentation of the incident. The policy did not indicate that the employee would be sent home until the investigation was completed.

Due to a lack of clear reporting and investigative procedures related to abuse and neglect, there was incomplete documentation, no follow up and the incidents involving two residents were not reported to the MLTC. There was minimal risk of harm to the identified residents related to not following the abuse policy and the policy not complying with the LTCHA.

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An order was made by taking the following factors into account:
Severity: The absence of a clear duty of staff to report alleged abuse immediately to the MLTC and an investigation procedure that included documentation was a minimal risk to residents in not being assessed for ongoing harm.
Scope: This non-compliance was widespread as the home's policy impacts all residents and staff.
Compliance History: Two compliance orders (CO) and a written notification (WN) related to the same section of the legislation has been issued to the home in the past 36 months. (633)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2021

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 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 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 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 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 8th day of June, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Sherri Cook

Service Area Office /
Bureau régional de services : Central West Service Area Office