



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
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Performance Improvement and
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**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 15, 2015	2015_280541_0030	O-002206-15, O-002115-15	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF FRONTENAC
2069 Battersea Road Glenburnie ON K0H 1S0

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

FAIRMOUNT HOME FOR THE AGED
2069 Battersea Road R. R. #1 Glenburnie ON K0H 1S0

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

AMBER MOASE (541)

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): September 21-23, 2015

This inspection was conducted for three critical incident system inspections

During the course of the inspection, the inspector(s) spoke with the acting Administrator, the Director of Care (DOC), the Environmental Services Manager, the RAI coordinator, Registered Practical Nurses, the Scheduling Clerk, Receptionist, Personal Support Workers and Residents. In addition, the Inspector reviewed resident health care records and policies and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

2 WN(s)

0 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. 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. Critical Incident (CI) #M521-000008-15 was received on a specified date for



notification of an alleged staff to resident verbal abuse that occurred seven days prior. RPN #105 and PSWs #116 and #117 were listed on the CI as witnesses to the incident.

As per O. Reg. 79/10 s. 2(1) a. verbal abuse means any form of verbal communication of a threatening or intimidating nature of 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.

During an interview with inspector #541 RPN #105 was asked to describe what was witnessed on the specified date. RPN #105 stated that an area outside of the home was blocked off and resident #001 was outside telling anybody who entered the closed area that they had to leave. RPN #105 describes being on break with multiple other staff members including PSWs #116 and #117 in an area close by. RPN #105 states a person entered the area and she heard an argument start between the person and resident #001. RPN #105 heard resident #001 yell and curse but was not able to hear the words stated by the person but described both voices as being very loud. As the argument continued, RPN decided to approach the person to inform her to stop and it was at that time RPN discovered the person was PSW #115. When the argument was over RPN #105 told PSW #115 that she cannot yell at a resident like that and what she did was "actually resident abuse."

When asked by Inspector #541 who she reported the alleged abuse to RPN #105 stated she did not report this to anybody as she assumed another staff member who witnessed the incident would have reported it.

During an interview the DOC stated she became aware of the alleged incident of verbal abuse on six days after it occurred when PSW #116 approached her to discuss the incident. PSW #116 told the DOC she did not report the incident earlier as she had assumed that RPN #105 had already done so.

Inspector #541 was provided with policy S&S-02 titled Residents – Zero Tolerance for Resident Abuse and Neglect as the home's policy of zero tolerance of abuse and neglect. On page 4 of the policy, it directs staff and volunteers who witness or suspect the abuse of a resident, or who receive complaints of abuse, must report the matter immediately to their supervisor, the Director or Resident Care of the Administrator.

PSWs #116, #117 and RPN #105 did not immediately report the alleged verbal abuse witnessed on a specified date to the home and therefore did not comply with the home's

policy to promote zero tolerance of abuse and neglect. [s. 20. (1)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,

(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;

(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;

(d) that the changes and improvements under clause (b) are promptly implemented; and

(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The licensee has failed to ensure that at least once every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents and what changes and improvements are required to prevent further occurrences.

Inspector #541 was provided with policy S&S-02 titled Residents – Zero Tolerance for Resident Abuse and Neglect as the home's policy of zero tolerance of abuse and neglect with a revision date of April 16, 2013. The inspector confirmed in an interview with the DOC that this is the most up to date policy. DOC provided inspector with a document titled Policy & Procedure Manual Review Form which indicates the last review of the home's Zero Tolerance for Resident Abuse and Neglect was April 16, 2013. [s. 99. (b)]



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Issued on this 15th day of October, 2015

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

Original report signed by the inspector.