



**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**

**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
Mar 30, 2016	2016_449619_0008	006167-14	Critical Incident System

Licensee/Titulaire de permis

HOLLAND CHRISTIAN HOMES INC
7900 MCLAUGHLIN ROAD SOUTH BRAMPTON ON L6Y 5A7

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

FAITH MANOR NURSING HOME
7900 MCLAUGHLIN ROAD SOUTH BRAMPTON ON L6Y 5A7

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

SAMANTHA DIPIERO (619)

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): March 14, 15, 16, & 18, 2016

The following critical incident inspections were completed: #006167-14 related to staff to resident abuse, and #003536-15 related to continence care.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Resident Care (ADRC), registered staff, unregistered staff, and residents. The inspector also toured the facility, made resident observations, and reviewed the home's policies and procedures.

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

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

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was protected from abuse by anyone.

On an identified date in October 2014, while receiving care from registered staff #102 beside the nursing station, resident #001 began displaying responsive behaviours; in response to being the recipient of the physical behaviours which included hitting and scratching, registered staff #102 responded by physically abusing the resident. In an interview, PSW's #103 and #104 stated they were alerted to the abuse when they heard resident #001 crying out and witnessed registered staff #102 grab the resident by the blouse and hit the resident on their body and confirmed that several staff members had to intervene to stop and separate registered staff #102 and resident #001. Staff assessed that the resident was in pain and provided medication for the pain. A review of the homes policy titled "Abuse & Neglect Prevention", last revised November 6, 2015, policy #NUR-FM-02-01, stated that the home has a "Zero tolerance policy" towards abuse. An interview with the ADRC confirmed that registered staff #102 physically abused resident #001. The ADRC confirmed that the resident was not protected from physical abuse by anyone. [s. 19. (1)]

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 with s. 19(1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff, to be implemented voluntarily.

WN #2: 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 failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

Resident #001 was physically abused by registered staff #102 in October 2014. The abuse was witnessed by several staff members who had to physically intervene to cease the incident. A critical incident was not submitted to the Director for more than 48 hours. A review of the homes policy titled "Abuse & Neglect Prevention", last revised August 31, 2014, policy #60-07-06, stated that "the Executive Director or Administrator must... make an immediate report to the Ministry of Health and Long Term Care". In an interview, the ADRC confirmed that the home failed to comply with the Abuse policy when the policy was breached by registered staff #102 and also in relation to not reporting immediately to the Director. [s. 20. (1)]

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 with 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, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. O. Reg. 79/10, s. 40.

Findings/Faits saillants :



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1. The licensee failed to ensure that the resident was assisted with getting dressed as required in his or her own clean clothing.

Resident #002 required assistance with toileting due to mobility and incontinence issues. A review of the resident's care plan dated January 2015, indicated that the resident required a urinal for elimination during the day and required pull up briefs during the night for episodes of incontinence and required the assistance of one staff for dressing. On an identified date in February 2015, at approximately 1800 hours, the resident's clothing became soiled after using the urinal and rang for assistance with the call bell. The bell was answered and turned off by PSW #102, who during an interview stated that they informed the resident they would come back to assist them with changing after assisting another resident who they were currently transporting. A written statement from the resident indicated that PSW #102 did not return to their room to provide assistance and they were forced to change their wet, soiled clothing independently taking thirty minutes to complete this task. An interview with PSW #105 stated that they came upon the resident in their room at approximately 1830 hours who by then had already changed their pants and requested assistance for putting on their shoes. A review of the homes policy for Continence Care and Bowel Management states that resident should be assisted to be kept clean and dry as needed. An interview with the ADRC confirmed that the resident did not receive assistance with dressing when required. [s. 40.]

Issued on this 11th day of April, 2016

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

Original report signed by the inspector.