

**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**

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Jan 22, 2020 | 2020_607523_0004 | 021932-19, 023516-19 | Critical Incident System |

Licensee/Titulaire de permis

Fiddick's Nursing Home Limited
437 First Avenue P.O. Box 340 PETROLIA ON N0N 1R0

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

Fiddick's Nursing Home
437 First Avenue P.O. Box 340 PETROLIA ON N0N 1R0

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

ALI NASSER (523)

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): January 14, 2020.

This inspection was completed for the following intakes:

Log #021932-19, CIS #2673-000008-19, related to staff to resident verbal and emotional abuse.

Log #023516-19, CIS #2673-000011-19, related to resident's fall and injury.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Rehabilitation Coordinator, three Personal Support Workers (PSW), two Registered staff members and three residents.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

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)

1 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>Légende</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 :

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

The home submitted a Critical Incident System (CIS) report on a certain date to the Ministry of Long-Term Care related to unlawful conduct that resulted in harm or risk of harm to residents.

The CIS showed that a specific staff member reported that they witnessed another staff member using inappropriate and threatening words while providing care to two residents on multiple occasions.

a) A review of the home's policy titled Abuse & Neglect, review date July 2019 showed that "any staff person that witness abuse or suspects abuse is responsible for reporting it immediately to the supervisor".

In an interview a specific staff member said that on certain date they reported to the charge nurse that they witnessed another staff member using inappropriate and threatening language while providing care to a specific resident. The specific staff member said that they witnessed a week earlier the same staff member using inappropriate and threatening language towards specific residents. The PSW said they did not report those incidents as they were new to the home and the first time they witnessed something like this. They were also scared for themselves and the residents. The staff member said that they did not follow the home's policy, and this will not happen again.

In an interview the DOC said that they were aware that the staff member did not report the incidents they witnessed immediately to their supervisor. The DOC said that they provided support to staff to ensure home's prevention of abuse policy will be complied with.

b) A review of the home's policy titled Abuse & Neglect, review date July 2019 showed that "the resident and the resident's substitute decision maker (SDM), if any, must be notified of the results of an investigation by the home as soon as the investigation was completed".

In an interview the DOC said that they spoke with the specific resident's SDMs when they were made aware of the incident, they informed them of the incidents and the process of completing the investigation. The DOC said that they did not inform them the results of

the investigations when it was completed.

The DOC said that they will ensure that the families are aware of the results of the investigations and that the policy would be complied with. [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 to ensure that the written policy that promoted zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 23rd day of January, 2020

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

Original report signed by the inspector.