

**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**London Service Area Office
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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
Sep 2, 2020	2020_605213_0016	015079-20, 015428-20	Complaint

Licensee/Titulaire de permisFiddick'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**

RHONDA KUKOLY (213), TERRI DALY (115)

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): August 12, 13, 14, 17, 18, 19, 20, 2020.

The following intakes were completed in this complaint inspection:

Log # 015079-20, related to a complaint about visitation and care concerns

Log #015428-20, critical incident #2673-000009-20 related to a complaint about visitation and care concerns.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Recreation Staff, a Physiotherapist, a Resident's Council representative, a Family Council representative, a resident and a family member.

The Inspectors also made observations and reviewed health records, policies and procedures, internal investigation records and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

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

4 WN(s)

3 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. 23. Licensee must investigate, respond and act

Findings/Faits saillants :

1. The licensee has failed to ensure that every alleged, suspected or witnessed incident of abuse of a resident by anyone that the licensee knew of, or that was reported to the licensee was immediately investigated and appropriate action was taken in response to every such incident.

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A complaint was received by the Ministry of Long-Term Care (MLTC) from the family of a resident regarding visitation and care concerns. The complainant also submitted several written complaints to the home, which the home reported to the MLTC. One complaint identified that the resident informed the complainant that the staff refused the resident care and was inappropriate leaving the resident tearful and upset.

The internal investigation records related to a concern that was voiced by the resident to a staff member said that staff were inappropriate and refused care, which was very upsetting to them. Progress notes and the internal investigation records showed follow up related to a different issue three to four days later.

The home's "Abuse and Neglect" Policy #G-101 with a review date of July 2018, was reviewed. The policy stated:

- Abuse committed by a staff person or volunteer will be dealt with immediately.
- Nurse on shift made aware of this will call the nurse manager on call.
- Any act of physical abuse, assault, sexual abuse, financial abuse, neglect will result in person being sent home and/or police being notified. Management will fully investigate the circumstances and submit a report to the Ministry of Health Long Term Care Division.
- Section 23 of the LTCHSA requires the home to immediately investigate and take appropriate action relating to every alleged, suspected or witnessed incident of abuse of a resident by anyone and incident of neglect of a resident by the home or its staff that is known or reported to the home.

In an interview with a staff member, they reiterated that the resident reported that another staff member made a derogatory comment and refused care that was very upsetting to them at the time and later that day as well. The staff member said that the resident was obviously very thrown off, and they reported the situation to their immediate supervisor that day. Three days later they sent a statement of the incident to their manager. The staff member said that they did not speak to the Director of Care or the Administrator regarding the incident.

The Director of Care (DOC) said that they did not speak with the resident or the staff member who reported the incident as part of their investigation. The DOC and the Administrator said that the comment that the resident reported to the staff member would have been considered verbal and/or emotional abuse. They said that they were notified of the incident three days later and it should have been reported immediately to the DOC. The DOC said that the investigation should have involved an interview with the resident as well as their family, if that was the resident's wish. The DOC said that the follow up

that was completed three days later, was related to a separate issue and not related to the resident's initial concern. [s. 23.]

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 every alleged, suspected or witnessed incident of abuse of a resident by anyone that the licensee knows of, or is reported to the licensee, is immediately investigated and appropriate action is taken in response to every such incident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.**
- 4. Misuse or misappropriation of a resident's money.**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act, the Local Health System Integration Act, 2006 or the Connecting Care Act, 2019.**

Findings/Faits saillants :

- 1. The licensee has failed to ensure that any person who had reasonable grounds to suspect that abuse of a resident by anyone had occurred or may occur immediately reported the suspicion and the information upon which it was based to the Director.**

A complaint was received by the Ministry of Long-Term Care (MLTC) from the family of a resident regarding visitation and care concerns. The complainant also submitted several

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written complaints to the home, which the home reported to the MLTC. One complaint identified that the resident informed the complainant that the staff refused the resident care and was inappropriate leaving the resident tearful and upset.

The internal investigation records related to a concern that was voiced by the resident to a staff member said that staff were inappropriate and refused care, which was very upsetting to them. Progress notes and the internal investigation records showed follow up related to a different issue three to four days later.

The home's "Abuse and Neglect" Policy #G-101 with a review date of July 2018 was reviewed. The policy stated:

- Abuse committed by a staff person or volunteer will be dealt with immediately.
- Nurse on shift made aware of this will call the nurse manager on call.
- Any act of physical abuse, assault, sexual abuse, financial abuse, neglect will result in person being sent home and/or police being notified. Management will fully investigate the circumstances and submit a report to the Ministry of Health Long Term Care Division.
- A person who has reasonable grounds to believe that a resident has been or may be abused by anyone or neglected by the home or staff that resulted in harm or risk of harm to a resident must immediately report this suspicion to the Director under section 24 of the LTCHA" (Long Term Care Homes Act).
- Any staff person that witnesses abuse or suspects abuse is responsible for immediately reporting to the supervisor.

In an interview with a staff member, they reiterated that the resident reported that another staff member made a derogatory comment and refused care that was very upsetting to them at the time and later that day as well. The staff member said that the resident was obviously very thrown off, and they reported the situation to their immediate supervisor that day. Three days later they sent a statement of the incident to their manager. The staff member said that they did not speak to the Director of Care or the Administrator regarding the incident.

There were no reports of abuse found in the Ministry of Long-Term Care Critical Incident Reporting System related to the reported incident.

The Director of Care (DOC) and the Administrator they said that the comment that the resident reported to a staff member would have been considered verbal and/or emotional abuse and should have been immediately reported to the Director. [s. 24. (1) 2.]

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 any person who has reasonable grounds to suspect that abuse of a resident by anyone has occurred or may occur immediately reports the suspicion and the information upon which it was based to the Director, to be implemented voluntarily.

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 licensee has failed to ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents contained procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected, identified measures and strategies to prevent abuse and neglect, and identified the training and retraining requirements for all staff, including, 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 situations that may lead to abuse and neglect and how to avoid such situations.

A complaint was received by the Ministry of Long-Term Care (MLTC) from the family of a resident regarding visitation and care concerns. The complainant also submitted several written complaints to the home, which the home reported to the MLTC. One complaint identified that the resident informed the complainant that the staff refused the resident care and the resident was tearful and upset.

The home's internal investigation records were reviewed and showed that the reported incident was not reported to the Director, the Director of Care (DOC) was not informed of the incident until three days later, the resident was not interviewed, the staff member the resident reported the incident to was not interviewed, and actions taken were not related to the reported incident.

The home's "Abuse and Neglect" Policy #G-101 with a review date of July 2018 was reviewed and found that it did not include:

- procedures and interventions to assist and support residents who have been abused or neglected or allegedly abuse or neglected
- procedures and interventions to deal with persons who have abused or allegedly abused residents as it relates to verbal or emotional abuse.
- measures and strategies to prevent abuse and neglect
- the training and retraining requirements for all staff, including 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 situations that may lead to abuse and neglect and how to avoid such situations.

The licensee's policy to promote zero tolerance of abuse and neglect of residents did not include all of the requirements set out in Ontario Regulation 79/10, section 96. [s. 96.]

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 licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected, identifies measures and strategies to prevent abuse and neglect, and identifies the training and retraining requirements for all staff, including, 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 situations that may lead to abuse and neglect and how to avoid such situations, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference was fully respected and promoted.

A complaint was received by the Ministry of Long-Term Care (MLTC) from the family of a resident regarding visitation and care concerns. The family of the resident shared that they had concerns about the resident and had a visit arranged. When they arrived, they were denied a visit because one of the two visitors shared that they had not had a COVID-19 test and the other visitor shared that their last COVID-19 test had been

greater than 14 days prior.

The home required visitors to complete a “COVID-19 Attestation” form on paper that included the day, month and year they were tested for COVID-19 at an accredited assessment centre and the day, month and year they were informed that their COVID-19 test was negative. They were required to fill out their name, their signature and the date form was completed.

Communication sent out by the home to families, dated July 17, 2020, stated: “Starting July 20th, each resident may receive one visit with one or two visitors per week. This means that 2 persons can visit at the same time. They must arrive together at the designated visit booking time. If the 2nd visitor is late to arrive, they will not be able to join in the visit after it has begun. All visitors must be of age to consent to the terms of attestation form or have proof of a negative test completed in 14 days. The visit can occur either indoors at our conversation stations, or outdoors at one of our conversation stations. We will reserve you a station indoors in the event of poor weather. It is preferential that each visitor shows proof of a negative COVID-19 test, however it is now mandated that an attestation form can be completed in its place. The home will have attestation forms available at the front door sign in station.”

Communication sent out by the home to families, dated July 27, 2020, stated: “This visit can occur either indoors at our conversation stations, or outdoors at one of our conversation stations. Your visit includes 1 area outside and 1 inside area this way no visits will be cancelled in the event of heat warnings, humidex warnings, rain, storms, high winds etc. It is your choice when you arrive to the home for a visit to pick which area you prefer. If, during your outdoor visit, you would prefer to come inside, you will be assigned the same station number indoors and outdoors. One of our staff will assist in getting you and your loved one set up outdoors. There is some confusion as to if a test is required to visit the home. For any visits – a NEGATIVE COVID-19 test is required. Our staff can assist with looking up your results online as long as you bring your health card. As previously mentioned, an attestation form can be used. However, the attestation form is asking for the same information that your online proof of negative COVID-19 test results shows. Therefore it is preferential to either provide proof or have the secretary look up proof of a COVID-19 results.”

COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health. The Directive has

been revised as necessary and the most recent date of issuance and effective date of implementation is June 10, 2020. Directive #3 contains requirements related to managing visitors. The Directive states that the aim of managing visitors is to balance the need to mitigate risks to residents, staff and visitors with the mental, physical and spiritual needs of residents for their quality of life.

On July 20, 2020, the MLTC provided the following direction to long term care homes: “MLTC Visitor Policy to Long-Term Care Homes - Supporting Materials, which stated: Welcoming Indoor Visitors to Your Home During COVID-19

Your staff must administer an active screening questionnaire to all indoor visitors and take their temperature. As part of this screening, visitors must verbally attest that they:

- Do not have symptoms (either typical or atypical) of COVID-19
- Have not been exposed to COVID-19
- Tested negative for COVID-19 within the previous two weeks, and
- Subsequently not tested positive.

Outdoor visits may continue in your designated, outdoor visiting area that supports physical distancing. Visitors no longer need a recent COVID-19 test for outdoor visits”.

The Administrator and the Director of Care (DOC) said that a negative COVID-19 test was required for either indoor or outdoor visits because the home reserved both indoor and outdoor areas for the visit and the resident and visitor chose when they got to the home. This way, they could move if they needed to or due to weather. The Administrator said there was no opportunity for families to have an outdoor visit without a COVID-19 test because the outdoor visits were set up in the main courtyard, so visitors had to enter through facility to the main entry to the courtyard area outside. The DOC said that the family was not offered an outdoor visit with the resident without a test and that they did not ask for an outdoor visit when they were denied the visit.

The home’s policies and process for outdoor visitation did not comply with the direction from the MLTC on July 20, 2020, and as such, did not fully respect and promote residents’ right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference. [s. 3. (1) 14.]

Issued on this 3rd day of September, 2020

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

Original report signed by the inspector.