

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection prévue
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
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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
Jul 8, 2019	2019_779641_0015	006149-19, 009264- 19, 011183-19	Complaint

Licensee/Titulaire de permisThe Corporation of the County of Hastings
235 Pinnacle Street P.O.Bag 4400 BELLEVILLE ON K8N 3A9**Long-Term Care Home/Foyer de soins de longue durée**Hastings Centennial Manor
1 Manor Lane P.O. Box 758 BANCROFT ON K0L 1C0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHI KERR (641)

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): June 26, 27, 28, July 2, 2019.

This inspection was conducted in reference to complaint intake log #011183-19 and intake log #009264-19, CI M537-000015-19 related to alleged staff to resident abuse and complaint intake log #006149-19 related to a bed refusal.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, Registered Practical Nurses, Personal Support Workers, Dietary Aides, families and residents.

During the course of the inspection, the Inspector reviewed resident care and services, staff to resident interactions, reviewed resident health care records and Critical Incident System reports (CIS) and relevant licensee investigation notes and the licensee's policy and procedures related to zero tolerance of abuse and neglect.

**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)

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 :

1. The licensee failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with.

This inspection was conducted in relation to intake log #009264-19, critical incident #M537-000015-19 and complaint log #011183-19 related to alleged abuse of resident #001 by PSW #102 on a specified date.

During interviews with Inspector #641 on June 28, 2019, Dietary Aide (DA)#103 and Registered Practical Nurse (RPN) #104 indicated that they had witnessed Personal Support Worker (PSW) #102 come into the dining room where resident #001 was sleeping in the chair and make an inappropriate comment and then pulled the resident's chair around causing the resident to yell out. DA #103 stated that the resident had a scared facial expression and PSW #102 had one hand on the resident's back and one hand on the resident's walker, moving the resident forward quicker than was normal for this resident. RPN #104 indicated that resident #001 looked terrified and this was unusual for the resident.

The complainant indicated to Inspector #641 having been notified of the incident by the registered nursing staff, the evening that the incident happened. The complainant advised becoming aware the next day after the incident that the licensee had not contacted the police about the incident. The complainant stated having notified the police around noon on the day after the specified date and the police officer had then contacted the licensee.

During interviews with Inspector #641 on June 28 and July 2, 2019, the Director of Nursing (DON) indicated being aware that the registered nursing staff had not called the police the evening the incident had occurred as was expected. The DON advised that the registered nursing staff did not follow the policy that evening, which was to notify the police when there was suspected abuse of a resident. The DON stated that the staff were expected to know the policy and the policy was available on each unit.

The licensee's policy F-20, Zero Tolerance of Abuse and Neglect Program, effective: April 17, 1997, revised: April 30, 2019 indicated on page 4, #8. "RNs and RPNs may notify ... the Police. The notifications to the police are guided by reference to the criminal code offences ..." When asked by the Inspector about the wording of the legislation related to the police being notified when the licensee suspected the alleged abuse constituted a criminal offense, the DON stated that the staff did not know the criminal code and what constituted a criminal offense. The DON clarified that the staff were

expected to notify the police with any alleged or suspected abuse and the police would make the determination as to what was a criminal offense. On page 9 of F-20, Zero Tolerance of Abuse and Neglect Program, under Reporting to Police, the policy states “the police will determine if there are ‘reasonable grounds’ for charges.” The licensee’s Abuse Reporting Algorithm, Appendix I on page 28 of F-20, Zero Tolerance of Abuse and Neglect Program, detailed what the registered nursing staff were expected to do when abuse was suspected which included notifying the police. [s. 20. (1)]

Issued on this 8th day of July, 2019

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

Original report signed by the inspector.