



**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
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Jul 31, 2014	2014_259520_0013	L-000371-14	Critical Incident System

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF HURON
77722A London Rd, R R 5, CLINTON, ON, N0M-1L0

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

HURONVIEW HOME FOR THE AGED
R. R. #5, LOT 50, CON 1, MUNICIPALITY OF HURON EAST, CLINTON, ON,
N0M-1L0

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

SALLY ASHBY (520)

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): June 19 and 20, 2014

**Included in this report is Non-Compliance related to Critical Incident L-000264-14
Inspection #2014_259520_0012**

**During the course of the inspection, the inspector(s) spoke with Director of Care,
2 Registered Staff, Social Worker and 2 Personal Support Workers.**

**During the course of the inspection, the inspector(s) observed Residents and
staff, reviewed Resident's clinical records, internal investigative reports and
relevant policies and procedures.**

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

Findings of Non-Compliance were found during this inspection.



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. The licensee has failed to ensure that the written policy that promotes zero tolerance of abuse and neglect of residents is complied with. Specifically regarding:
a) Appendix #1 Investigation into Allegation of Abuse, Communication Tool

Incidents involving Residents in the home were not reported immediately to the Director in opposition to the Homes Prevention and Reporting of Resident Abuse/Neglect dated February 2014.

An Interview with the DOC confirms that the home did not report the incidents to the Director at the time of the incidents due to lack of reporting by the registered staff and the staff failing to follow their own policy. The policy states staff who receive an allegation of abuse or neglect immediately notify the Charge Nurse and the Charge Nurse is to follow the directions in Appendix A Investigation into Allegation of Abuse, Communication Tool. The DOC confirmed that the home is struggling as to when to report suspected/alleged abuse and what constitutes abuse. The DOC further verified that the other incidents were not reported as the staff did not feel there was abuse.

An incident involving Residents of the home were not reported immediately to the Director in opposition to the Homes Prevention and Reporting of Resident Abuse/Neglect dated February 2014.

The DOC verifies that the incidents should have been reported and that the expectation of the home is to follow their policy involving Prevention and Reporting of Resident Abuse/Neglect dated February 2014.

b) Further to the home's Policy regarding Prevention and Reporting of Resident Abuse/Neglect dated February 2014 Appendix #1 which states "a Registered Staff member should complete head to toe and take pictures asap". An incident involving two Residents occurred. As confirmed by the DOC no assessment of the alleged victim was done following this incident. The DOC verified that a full assessment should have been completed by the Registered Staff and possible photos taken. The DOC confirmed that this assessment was not completed and was not in adherence with the home's Policy regarding Prevention of Abuse and Neglect Policy dated February 2014. [s. 20. (1)]



Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. O. Reg. 79/10, s. 53 (1).**
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours. O. Reg. 79/10, s. 53 (1).**
- 3. Resident monitoring and internal reporting protocols. O. Reg. 79/10, s. 53 (1).**
- 4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures and interventions are developed and implemented to assist Residents and staff who are at risk of harm or who are harmed as a result of a Resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among Residents.

The home has implemented an intervention for a Resident to alert staff to the Resident's whereabouts. Progress notes verify the intervention is being inactivated by the Resident. A BSO note states the Resident is able to manipulate this intervention and questions its effectiveness.

An interview with the DOC confirmed the use of this intervention and stated there is no heightened monitoring even though this intervention has not been effective. The DOC agreed that increased monitoring of this Resident would be beneficial for the safety of other Residents and for this Resident. [s. 53. (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 procedures and interventions are developed and implemented to assist Residents and staff who are at risk of harm or who are harmed as a result of a Resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among Residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation. O. Reg. 79/10, s. 97 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Resident and Resident's SDM were notified of the results of the alleged abuse or neglect investigation immediately upon the completion.

An interview with the DOC verified that SDM's had not been notified following the home's internal investigation of two incidents in 2014.

The DOC confirmed that the expectation of the home is to notify SDM's regarding results of alleged abuse or neglect investigations immediately upon the completion. [s. 97. (2)]



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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 Resident and Resident's SDM are notified of the results of the alleged abuse or neglect investigation immediately upon the completion, to be implemented voluntarily.

Issued on this 1st day of August, 2014

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



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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**Health System Accountability and Performance Division
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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**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SALLY ASHBY (520)

Inspection No. /

No de l'inspection : 2014_259520_0013

Log No. /

Registre no: L-000371-14

Type of Inspection /

Genre

d'inspection:

Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jul 31, 2014

Licensee /

Titulaire de permis : CORPORATION OF THE COUNTY OF HURON
77722A London Rd, R R 5, CLINTON, ON, N0M-1L0

LTC Home /

Foyer de SLD : HURONVIEW HOME FOR THE AGED
R. R. #5, LOT 50, CON 1, MUNICIPALITY OF HURON
EAST, CLINTON, ON, N0M-1L0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Connie Townsend

To CORPORATION OF THE COUNTY OF HURON, you are hereby required to
comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee has failed to ensure that the written policy that promotes zero tolerance of abuse and neglect of residents is complied with. Specifically regarding:

a) Appendix #1 Investigation into Allegation of Abuse, Communication Tool

Grounds / Motifs :



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

1. Incidents involving Residents in the home were not reported immediately to the Director in opposition to the Homes Prevention and Reporting of Resident Abuse/Neglect dated February 2014.

An Interview with the DOC confirms that the home did not report the incidents to the Director at the time of the incidents due to lack of reporting by the registered staff and the staff failing to follow their own policy. The policy states staff who receive an allegation of abuse or neglect immediately notify the Charge Nurse and the Charge Nurse is to follow the directions in Appendix A Investigation into Allegation of Abuse, Communication Tool. The DOC confirmed that the home is struggling as to when to report suspected/alleged abuse and what constitutes abuse. The DOC further verified that the other incidents were not reported as the staff did not feel there was abuse.

An incident involving Residents of the home were not reported immediately to the Director in opposition to the Homes Prevention and Reporting of Resident Abuse/Neglect dated February 2014.

The DOC verifies that the incidents should have been reported and that the expectation of the home is to follow their policy involving Prevention and Reporting of Resident Abuse/Neglect dated February 2014.

b) Further to the home's Policy regarding Prevention and Reporting of Resident Abuse/Neglect dated February 2014 Appendix #1 which states "a Registered Staff member should complete head to toe and take pictures asap". An incident involving two Residents occurred. As confirmed by the DOC no assessment of the alleged victim was done following this incident. The DOC verified that a full assessment should have been completed by the Registered Staff and possible photos taken. The DOC confirmed that this assessment was not completed and was not in adherence with the home's Policy regarding Prevention of Abuse and Neglect Policy dated February 2014. [s. 20. (1)] (520)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2014



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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 31st day of July, 2014

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Sally Ashby

**Service Area Office /
Bureau régional de services :** London Service Area Office