



**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 8, 2018	2018_555506_0006	011914-16, 013278-16, 034959-16	Complaint

Licensee/Titulaire de permis

City of Hamilton
77 James Street North Suite 400 HAMILTON ON L8R 2K3

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

Macassa Lodge
701 Upper Sherman Avenue HAMILTON ON L8V 3M7

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

LESLEY EDWARDS (506), ROSEANNE WESTERN (508)

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): February 27, 28, March 1 and 6, 2018

During this inspection the inspections listed below were conducted concurrently:

Complaint Inspections

011914-16- related to medication administration and plan of care

013278-16- related to abuse and neglect

034959-16- related to abuse and neglect and plan of care

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing (DON), Nurse Manager, Minimum Data Set Resident Assessment Instrument Co-ordinator (RAI), registered staff, personal support workers (PSWs), residents and families.

During the course of the inspection, the inspector (s): toured the home, reviewed the provision of care, observed a medication pass, reviewed clinical records, policies and procedures, complaint logs, home's investigation notes and conducted interviews.

The following Inspection Protocols were used during this inspection:

Hospitalization and Change in Condition

Medication

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

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

2 WN(s)

1 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 O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with as follows:

A response shall be made to the person who made the complaint, indicating, (i) what the licensee has done to resolve the complaint, or (ii) that the licensee believes the complaint to be unfounded and the reasons for the belief.

A) On an identified date in 2016, a complaint investigation commenced related to an allegation of abuse of resident #002 by PSW #112. The home notified the Ministry of Health and Long Term Care, contacted the police and conducted interviews with all relevant staff. The allegation of abuse was not verified.

During review of the home's 2016 concerns log it was not documented if the complainant received a response from the home. According to the complainant, the police had followed up with the outcome of their investigation where the allegation was not founded; however, the home did not provide a response to the complainant.

It was confirmed during an interview with the Nurse Manager #101 on an identified date in 2018, and during review of the 2016 concerns log that a response was not made to the person who made the complaint indicating, (i) what the licensee had done to resolve the complaint, or (ii) that the licensee believes the complaint to be unfounded and the reasons for the belief.

B) On an identified date in 2016, resident #011's family member approached the Administrator and indicated that they were lodging a verbal complaint regarding numerous care concerns of resident #011. The complainant indicated that a written



document would be provided with these concerns at a later date.

A meeting was held with the complainant on an identified date in 2016, to review these concerns and a meeting was also set up with the resident's Physician. The meetings were documented in the resident's clinical record and also logged in the home's 2016 concerns log.

The written complaint was received by the home and submitted to the Ministry of Health and Long Term Care on an identified date in 2016. During review of the home's 2016 concern log it was unclear as to whether the home provided a response to the complainant.

During an interview with the Administrator on an identified date in 2018, the Administrator indicated that they did not provide a response to the complainant as the complaint was not directly addressed to them. The Administrator also indicated that since 2016, the home had improved upon their follow up process; however, at the time of this complaint, the home did not provide a response to the complainant.

It was confirmed during record reviews and during interviews with Nurse Manager #101 and with the Administrator that the licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with as follows:

A response shall be made to the person who made the complaint, indicating, (i) what the licensee has done to resolve the complaint, or (ii) that the licensee believes the complaint to be unfounded and the reasons for the belief. [s. 101. (1) 3.]

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 written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with and a response shall be made to the person who made the complaint, to be implemented voluntarily.



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**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 there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with.

A review of the home's policy titled, Prevention, Reporting, and Elimination of Abuse of Residents of Long Term Care (LTC) Homes, policy # AM-06-07, with a revision date of December 23, 2016, indicated the following:

Staff and volunteers at Macassa Lodge who witnessed or suspected the abuse of a resident, or who receive complaints of abuse, should report the matter immediately to the Macassa Lodge Administrator (or delegate).

Any person may report witnessed or suspected abuse to any of the following:

- The Administrator (or delegate) of Macassa Lodge
- The Ministry of Health and Long Term Care (MOHLTC)

On an identified date in 2016, the family member of resident #002 reported to registered staff #110 that they were upset with the actions of a PSW towards resident #002. It was reported to registered staff #110 that when the PSW was providing care, they did not inform the resident of what they were doing, and their actions upset resident #002.

During an interview with Nurse Manager #101 on an identified date in 2018, it was identified that registered staff #110 did not immediately report the matter to the Administrator, delegate or to the MOHLTC. The Nurse Manager was not aware of the allegation until the family member called them to report the incident two days later. It was not until this time that the incident was reported to the Ministry of Health and Long Term Care.

It was confirmed during an interview with the Nurse Manager and during review of the home's internal investigation notes that the written policy that promotes zero tolerance of abuse and neglect of residents was not complied with. [s. 20. (1)]



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Issued on this 26th day of March, 2018

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

Original report signed by the inspector.