



**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**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 11, 2015	2015_205129_0009	H-002496-15	Critical Incident System

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

THE MEADOWS
12 TRANQUILITY AVENUE ANCASTER ON L9G 5C2

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

PHYLLIS HILTZ-BONTJE (129)

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): May 29, June 2, 3, 4, 5 and 8, 2015

During the course of the inspection, the inspector(s) spoke with residents, regulated and unregulated nursing staff, the Education Coordinator, the Acting Director of Care and the Executive Director. The inspector also reviewed clinical documentation, training records, investigative material the home collected including photographs, team meeting notes and the homes policies related to Zero Tolerance of Abuse and Neglect, Informed Consent to Treatment, Management of Concerns/Complaints.

**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.

4 WN(s)

4 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 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:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #001's right to give or refuse consent to any treatment, care or service for which the their consent was required was fully respected, in relation to the following: [3(1) 11ii]

Staff did not respect resident #001's right to consent for services to be provided by an identified outside foot care service provider or consent for annual Influenza vaccinations. Resident #001 was admitted to the home on an identified date in 2013 and at that time was identified as capable of making care decisions. At the time of this inspection the Executive Director confirmed that the resident did not have a designated Power of Attorney (POA) or Substitute Decision Maker (SDM) for personal care. Staff and the clinical record indicated that the resident continued to retain their capacity to make their own care decisions up to and including at the time of this inspection. An assessment completed on in 2015 indicated the resident had no cognitive impairment.

- Resident #001 and the clinical record confirmed that staff did not seek or obtain their consent for a specific provider of foot care services to provide those services to the resident and the consent form required by the home was signed by a person not authorized by the resident to consent to this service.

-Resident #001 and clinical documentation confirmed that staff did not seek or obtain



their consent for annual Influenza vaccinations and the consent form required by the home was signed on by a person not authorized by the resident to consent to this treatment. [s. 3. (1) 11. ii.]

2. The licensee failed to ensure that resident #001's right to participate fully in making any decisions concerning any aspect of their care was fully respected. [3(1)11 iii]
Staff did not respect resident #001's right to participate fully in making decisions concerning Advanced Health Care Directives. Resident #001 was admitted to the home on an identified date in 2013 and at that time was identified as capable of making care decisions. At the time of this inspection the Executive Director confirmed that the resident did not have a designated Power of Attorney (POA) or Substitute Decision Maker (SDM) for personal care. Staff and the clinical record indicated that the resident continued to retain their capacity to make their own care decisions up to and including at the time of this inspection. An assessment completed in 2015 indicated the resident had no cognitive impairment. On admission to the home, resident #001 reviewed the home's Advanced Care Directives, selected the level that was appropriate for them at the time and signed the document along with their physician. The resident and the clinical record confirm that staff did not allow the resident to fully participate in a review of the Advanced Health Care Directives the resident had chosen when a review of the Advanced Health Care Directive required by the home was completed in 2014 and signed by a person not authorized by the resident to make health care decisions. [s. 3. (1) 11. iii.]

3. The licensee failed to ensure that resident #001's right to have their personal health information kept confidential was fully respected, in relation to the following: [3(1) 11iv]

Staff did not respect resident #001's right to have their personal health information kept confidential. At the time of this inspection the resident confirmed that they had not given the home authorization to share their personal health information with anyone.

The clinical record indicated that staff shared resident #001's personal health information with a person other than the resident without the consent of the resident to the disclosure of this information.

-Staff documented in the clinical record that on an identified date in 2015 information regarding a medication review that was completed by the resident's physician was disclosed to a person with out the consent of the resident.

-Staff documented in the clinical record that on an identified date in 2015 personal health information with respect to an identified health condition was disclosed to a person with out the consent of the resident.

-Staff documented in the clinical record that on an identified date in 2015 personal health



information with respect to health concerns expressed by the resident, a new medication that the resident's physician had ordered to manage these concerns and the effects of this medication were disclosed to a person without the consent of the resident.

- Staff documented in the clinical record that on an identified date in 2015 an update on the resident's health status regarding health concerns expressed by the resident was provided to a person without the consent of the resident.

-Staff documented in the clinical record that on an identified date in 2015 a person was provided with information regarding a behavioural response the resident demonstrated and what actions the home would be taking with out the consent of the resident.

-Staff documented in the clinical record on an identified date in 2015 a person was provided with information about a second behavioural response the resident demonstrated without the consent of the resident.

Although there was another person actively involved in providing consent and receiving personal health information for this resident, there was no documentation in the clinical record that this resident, who was deemed capable, had consented to the sharing of the above noted personal health information or authorized this person to consent to the above noted care/treatments. [s. 3. (1) 11. iv.]

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 and ensuring that the rights of residents are fully respected and promoted, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to resident #002.

Resident #002's plan of care directed that when this resident was in an identified co-resident's room, the door to the room was to remain open. This care intervention was put in place on an identified date in 2015 in order to protect resident #002 after an incident nine days earlier. This care was not provided when it was observed on June 2, 2015 that after receiving morning nourishment resident #002 entered the identified co-resident's room and closed the door. The PSW providing nourishments at this time confirmed that resident #002 was in the co-resident's room drinking coffee and the door to the co-resident's room door was closed. [s. 6. (7)]

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 and ensuring that the care set out in the plan of care is provided to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the written procedures for the management of complaints required under LTCH Act, 2007, S.O., c. 8, s. 21 were complied with, in relation to the following: [8(1) (b)]

Staff in the home did not comply with directions contained in the home's policy "Management of Concerns/Complaints, identified as LP-B-20 with a revised date of October 2014.

This policy directed that "all staff will immediately respond to concerns or complaints brought forward by residents, families and other stakeholders using the HEART approach and staff will be responsive in an effort to resolve the issue". This policy also directed that "if the concern cannot be resolved immediately at point-of-service, the individual who is first aware of the concern will initiate a Client Service Response form and a copy of the form will be forwarded to the Executive Director".

- Staff did not comply with this direction when on May 10, 2015 resident #002 spoke to staff about concerns they had with the person they had appointed as their Power of Attorney(POA)and there was no documentation to indicate that staff responded to the resident in an attempt to resolve the concerns brought forward. The Executive Director confirmed that a Client Services Response form had not been completed by staff. [s. 8. (1) (b)]

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 and ensuring that all plans, policies, procedures, strategies or systems required by the Act or the Regulations are complied with, to be implemented voluntarily.

WN #4: 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 the written policy to promote zero tolerance of abuse and neglect of resident was complied with, in relation to the following: [20)1)]

Staff did not comply with the home's policy titled "Resident Non-Abuse-Ontario", identified as #LP-C-20-ON with a revised date of September 2014.

-This policy directed that "a staff member or person, who becomes aware of and/or has reasonable grounds to suspect abuse or neglect of a resident must immediately report that suspicion and the information on which it is based to the Executive Director". The Executive Director confirmed that the witnessed incident of resident abuse that occurred on an identified date in 2015 was not reported in accordance with the directions in the policy.

-This policy directed that "an immediate and thorough investigation of the reported alleged, suspected or witnessed abuse or neglect will be initiated by the home's Executive Director/designate". Staff and clinical documentation confirmed that staff did not comply with this direction when on an identified date in 2015 a witnessed incident of resident abuse was reported to the Registered Nurse(RN) in charge of the building and a thorough investigation was not completed. A PSW who was the first staff person to respond to a resident screaming, confirmed that they reported to the RN that they had witnessed a co-resident kick resident #002. During an interview on June 3, 2015 the RN who received the witnessed account confirmed they would consider this action to be physical abuse and they did not initiate an investigation into the incident and did not interview either of the residents involved in this incident in order to get an accounting of what had happened. [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 and ensuring the policy to promote zero tolerance of abuse and neglect is complied with, to be implemented voluntarily.



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Issued on this 11th day of September, 2015

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

Original report signed by the inspector.