



**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 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
Inspection de soins de longue durée**

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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 6, 2019	2019_577611_0009	025332-18, 032845-18	Critical Incident System

Licensee/Titulaire de permis

Niagara Health System
63 Third Street Welland Hospital Site WELLAND ON L3B 4W6

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

Niagara Health System, Welland Hospital Site, Extended Care Unit
65 Third Street WELLAND ON L3B 4W6

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

KELLY CHUCKRY (611)

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): February 11, 12, 15, 20, 2019.

Please note: This CIS inspection was conducted concurrently with a follow up inspection Log #016720-18.

During the course of the inspection, the inspector(s) observed the provision of resident care, staff to resident Interactions, reviewed resident clinical health records; relevant policies and procedures; the home's internal investigative notes and staff training records.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Personal Support Workers (PSWs), and residents.

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

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that all residents were protected from abuse by anyone.

O.Reg. 79/10, s. 2 (1) definition includes verbal abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences. ("mauvais Traitement d'ordre verbal")

In September 2018, the licensee submitted a CIS report #2607-000007-18, which indicated that the home was investigating allegations of abuse towards resident #002, #004, #005, and #006.

A review of the homes investigation notes indicated that staff #102 was providing personal care to resident #004 in September 2018. During this care, resident #004 had an episode of incontinence. In response to this, staff #102 called resident #004 a derogatory name in the form of profanity. This incident of verbal abuse was overheard by staff #103.

An interview took place in February 2018, with staff #103. During this interview, it was confirmed that staff #103 heard staff #102 call resident #004 a derogatory name in the form of profanity in the presence of the resident. In response to this, staff #103 said they addressed their concerns to staff #102. It was further confirmed by staff #103 that what was overheard was a form of verbal abuse.

In an interview conducted with the administrator in February 2018, it was confirmed that the verbal communication towards resident #004, by staff #102 was a form of verbal abuse. [s. 19. (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 all residents are protected from abuse, to be implemented voluntarily.

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 promoted zero tolerance of abuse and neglect of residents and that it was complied with.

O.Reg. 79/10, s. 2 (1) definition includes verbal abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences. ("mauvais Traitement d'ordre verbal")

In September 2018, the licensee submitted a CIS report #2607-000007-18, which indicated that the home was investigating allegations of abuse towards resident #002, #004, #005, and #006.

A review of the homes investigation notes indicated that staff #102 was providing personal care to resident #004 in September 2018. During this care, resident #004 had



an episode of incontinence. In response to this, staff #102 called resident #004 a derogatory name in the form of profanity. This incident of verbal abuse was overheard by staff #103.

The investigation notes further revealed that staff #103 overheard verbal abuse towards resident #004 in September 2018, and did not report this information until ten days after the incident.

The home had a policy in place at the time of the incident titled Abuse/Neglect Resident Care (A-05) with a revision date of August 2018. This policy stated that abuse of a resident by anyone was to be reported immediately. It further stated that all staff were to report the situation to the charge person and/or administration.

An interview took place in February 2018 with staff #103. During this interview, it was confirmed that what was overheard was a form of verbal abuse. They also confirmed that this incident of verbal abuse was not reported until ten days after the incident.

In an interview conducted with the Director of Care in February 2018, it was confirmed that staff #103 did not comply with the homes Abuse/Neglect Resident Care policy. [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 to ensure that there is a written policy that promotes zero tolerance of abuse and neglect of residents and that it is complied with, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76.
Training**



Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff have received retraining annually relating to the following:

The Residents' Bill of Rights

The home's policy to promote zero tolerance of abuse and neglect of residents

The duty to make mandatory reports under section 24

The whistle-blowing protections.

In September 2018, the licensee submitted a CIS report #2607-000007-18, which indicated that the home was investigating allegations of abuse towards resident #002, #004, #005, and #006.

In response to the CIS report submitted, the 2018 annual retraining documentation was reviewed pertaining to the Residents' Bill of Rights, the home's policy to promote zero tolerance of abuse and neglect of residents, the duty to make mandatory reports under section 24, and whistle-blowing protections. A total of fifteen per cent of direct care staff were not provided this mandatory education by the home for 2018.

In an interview conducted with the Director of Care in February 2019, it was confirmed that fifteen percent of direct care staff were not provided the above noted education for 2018. [s. 76. (4)]



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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 all staff receive retraining annually relating to the following:

The Residents' Bill of Rights

The home's policy to promote zero tolerance of abuse and neglect of residents

The duty to make mandatory reports under section 24

The whistle-blowing protections, to be implemented voluntarily.

Issued on this 13th day of March, 2019

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

Original report signed by the inspector.