

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

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

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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
Aug 16, 2019	2019_570528_0017	027396-16, 031652- 16, 000774-17, 007781-17, 000182-18	Critical Incident System

Licensee/Titulaire de permis

The Regional Municipality of Niagara
1815 Sir Isaac Brock Way THOROLD ON L2V 4T7

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

Northland Pointe
2 Fielden Avenue PORT COLBORNE ON L3K 6G4

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

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 21, 23, 28 and April 3, 2018.

This inspection was completed by LTC Home Inspector #511, Robin Mackie.

The following Critical Incident System intakes were included in this inspection:

**Log # 027396-16, # 031652-16 related to allegations of staff to resident abuse,
Log # 000774-17, #007781-17 related to resident to resident altercation,
Log # 000182-18 related to falls prevention.**

During the course of the inspection, the inspector(s) spoke with management and staff within the home, and residents and families.

Ad-hoc notes were used during this inspection.

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

3 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home was a safe and secure environment for resident #001.

A review of the resident #001's clinical record identified they a cognitive diagnosis, history of falls, required assistance with activities of daily living, and has interventions in place to prevent falls.

In January 2018, the resident sustained a fall resulting in injury. A review of a post falls note, completed by a registered staff member, identified environmental factors contributing to the fall.

Interview with three identified staff members confirmed that the environment contributed tot he resident's fall, as it was unsafe for the resident.

The licensee failed to ensure that resident #001's environment was safe on an identified date in January 2018. (511) [s. 5.]

**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

Resident #007 was identified as having responsive behaviours and was being followed by Behavioural Supports Ontario (BSO). Review of BSO notes described multiple interventions to minimize the resident's behaviours which were effective. In February 2018, the resident had a change in their responsive behaviours.

A review of the resident's most recent plan of care had not been revised to include the change in behaviours or all of the interventions as identified as effective by the BSO. Interview with the responsive behaviour team lead agreed that the interventions for resident #007 were not included in the Kardex or the plan of care when the interventions were deemed effective. (511) [s. 6. (10) (b)]

**WN #3: 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, without in any way restricting the generality of the duty provided for in section 19, the licensee failed to ensure that there was in place a written policy to promote zero tolerance of abuse and neglect of residents, and failed to ensure that the policy was complied with.

CIS #M610-000003-17, Log #000774-17, was submitted to the Director in January 2017, describing an incident of resident to resident abuse.

A review of the home's Abuse and Neglect-Zero Tolerance policy, RR00-001 reviewed December 15, 2016, provided by the DOC was completed. The procedure for abuse of a resident by anyone included but was not limited to:

- The Registered staff will assess the resident from head to toe and document the assessment in the resident's progress notes.
- The home will notify the Medical Director and/or attending physician of the incident.

A) RPN #301 stated that they were notified of the abuse by PSW #300 and had not completed a head to toe assessment as provided in the home's Abuse and Neglect-Zero Tolerance policy. A review of resident #006's clinical record had not described a physical assessment, as directed in the policy, at the time of the alleged abuse.

B) RPN #301 stated that they had not notified the Medical Director and/or attending physician of the incident as provided in the home's Abuse and Neglect-Zero Tolerance policy. A review of resident #006's clinical record had not described that the Medical Director and/or attending physician had been notified of alleged abuse.

On interview with the DOC they stated the head to toe assessment and the notification of the Medical Director was not completed as required in the home's policy. The home's policy RR00-001 reviewed December 15, 2016, was not complied with. (511) [s. 20. (1)]

Issued on this 16th day of August, 2019

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

Original report signed by the inspector.