

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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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
Sep 19, 2020	2020_840726_0010	007736-20	Critical Incident System

Licensee/Titulaire de permis

Norwood Nursing Home Limited
122 Tyndall Avenue TORONTO ON M6K 2E2

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

Norwood Nursing Home
122 Tyndall Avenue TORONTO ON M6K 2E2

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

REBECCA LEUNG (726)

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): September 8-9, 2020, and off-site on September 10-11, 14-15, 2020

The following Critical Incident System (CIS) intake was inspected during this inspection:

Log #007736-20 related to prevention of abuse

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Administrator (AA), Assistant Director of Care (ADOC), Behaviour Support Program Lead, Registered Nurses (RN), Personal Support Workers (PSW), and residents.

During the course of the inspection, the inspector reviewed residents' health records, staff training records and relevant policies, conducted observations of resident to resident interactions and staff to resident interactions.

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

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

5 WN(s)

4 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. 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 has failed to ensure that resident #002 was protected from physical abuse by resident #001.

Under O. Reg. 79/10, s.2 (1), for the purpose of the definition, resident to resident "physical abuse" means the use of physical force by a resident that causes physical injury to another resident.

Both residents #001 and #002 exhibited inappropriate behaviours prior to the altercation. Possible triggers were identified, and interventions were put in place for both residents.

Resident #001 had been complaining of pain and received pain medication as needed round-the-clock prior to the altercation. On the date of the incident, resident #001 was observed to be irritable and demanding. When resident #001 approached resident #002 in the hallway, there was no direct care staff present in the area to monitor resident #001. The two residents exchanged words and resident #001 suddenly pushed resident #002 to the floor. Resident #001 then walked over to kick resident #002 and continued pacing back and forth while threatening resident #002 verbally. The unit staff responded to the altercation, redirected resident #001 and assessed resident #002. Resident #002 reported pain and sustained a physical injury.

The unit staff did not monitor resident #001 as per the plan of care. The behavioural support program lead (BSPL) #103 stated that resident #001 was likely triggered by their ongoing unresolved pain. RN #101 acknowledged they could have called the physician to review the pain medication for resident #001 to better manage their pain and to reduce their irritability resulting from the ongoing discomfort. The Assistant Administrator (AA) #100 acknowledged that the incident would meet the definition of resident to resident physical abuse.

Sources: CIS report, incident note and surveillance video; resident #001's clinical records; resident #002's clinical records; interviews with PSW #102, RN #101, BSPL #103, and AA #100. [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 by anyone and are not neglected by the licensee or staff, 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).

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).

(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).

(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).

(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).

(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).

(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).

(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was complied with.

The home's policy on Resident Abuse indicated that persons abused would be offered contact resource for counseling.

During the altercation, resident #002 was pushed to the floor and kicked by resident #001. Resident #002 appeared to be anxious and reported pain and suffered a physical injury after the incident. Review of resident #002's clinical records and interview with AA #100, indicated that resident #002 was not referred or offered any contact resource for counseling as per the home's policy.

Sources: home's policy on Resident Abuse, resident #002's clinical records, and the interview with AA #100. [s. 20. (1)]

2. The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents contained procedures for responding to alleged, suspected or witnessed abuse and neglect of residents, and set out the consequences for those who abuse or neglect residents.

The home's policies on Resident Abuse did not contain procedures for responding to alleged, suspected or witnessed abuse and neglect of residents, and did not set out the consequences for those who abuse or neglect residents.

Sources: home's policies on Resident Abuse and the interview with AA #100. [s. 20. (2)]

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 ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents is complied with; contain procedures for responding to alleged, suspected or witnessed abuse and neglect of residents; and set out the consequences for those who abuse or neglect residents, 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 has failed to ensure that all staff received annual training on Residents' Bill of Rights, the duty to make mandatory reports under section 24, the whistle-blowing protections and the home's policy to promote zero tolerance of abuse and neglect of residents.

Under O. Reg. 79/10, 219 (1), the intervals for the purposes of subsection 76 (4) of the Act are annual intervals.

When requested by the inspector, the assistant administrator (AA) #100 was unable to provide the staff training records with the total percentage of staff who had attended the annual training on the Residents' Bill of Rights, the duty to make mandatory reports under section 24, and the whistle-blowing protections in the last three years.

AA #100 then confirmed that not all of the staff had attended the above-mentioned training in the last three years, and the home did not offer training to their staff on the home's policies on Resident Abuse in the last three years.

Sources: Interview with AA #100 [s. 76. (4)]

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 ensure that all staff receive annual training on Residents' Bill of Rights, the duty to make mandatory reports under section 24, the whistle-blowing protections and the home's policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The home has failed to ensure an annual evaluation was made in the last three years to determine the effectiveness of the home's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements were required to prevent further occurrences.

In an interview, AA #100 acknowledged that the home did not complete the annual evaluation in the last three years to determine the effectiveness of the home's policies on Resident Abuse, and what changes and improvements were required to prevent further occurrences.

Sources: interview with AA #100. [s. 99. (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 ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.****

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents contained procedures and interventions to deal with persons who had abused or neglected or allegedly abused or neglected residents, as appropriate.

The home's policies on Resident Abuse did not contain procedures and interventions to deal with persons who had abused or neglected or allegedly abused or neglected residents, as appropriate.

Sources: home's policies on Resident Abuse and the interview with AA #100. [s. 96. (b)]

2. The licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents identified the training and retraining requirements for all staff including: i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and ii) situations that may lead to abuse and neglect and how to avoid such situations.

The home's policies on Resident Abuse did not identify the training and retraining requirements for all staff including: i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and ii) situations that may lead to abuse and neglect and how to avoid such situations.

Sources: home's policies on Resident Abuse and the interview with AA #100. [s. 96. (e)]

Issued on this 21st day of September, 2020

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

Original report signed by the inspector.