Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 2, 2019	2019_633577_0013	002355-19, 011467-19	Critical Incident System

Licensee/Titulaire de permis

Board of Management of the District of Kenora
1220 Valley Drive KENORA ON P9N 2W7

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

Pinecrest (Kenora)
1220 Valley Drive KENORA ON P9N 2W7

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

DEBBIE WARPULA (577), LOVIRIZA CALUZA (687)

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): June 17-21, 2019.

The following intakes were inspected upon during this Critical Incident System (CIS) inspection:
- One intake related to staff to resident abuse; and

- One intake related to resident to resident abuse.

A Complaint inspection #2019_633577_0015 and an Other inspection #2019_633577_0014 were conducted concurrently with this Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (ADOC), Human Resource Manager, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents and one family member.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, observed resident to resident interactions, reviewed staff training records, reviewed relevant health care records, as well as reviewed a licensee policy and program.

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.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following:

s. 23. (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,
(ii) neglect of a resident by the licensee or staff, or
(iii) anything else provided for in the regulations; 2007, c. 8, s. 23 (1).
(b) appropriate action is taken in response to every such incident; and 2007, c. 8, s. 23 (1).
(c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with. 2007, c. 8, s. 23 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every alleged, suspected or witnessed incident of abuse or neglect by anyone, that the licensee knew of was immediately investigated.

The home submitted a Critical Incident System (CIS) report to the Director, which outlined allegations of verbal abuse by Personal Support Worker (PSW) #105 toward resident #001 on an identified date.

In a record review of the CIS report by Inspector #687, it was identified that the previous Director of Care (DOC) received a report from an identified group of students regarding the allegation of verbal abuse of resident #001 by PSW #105. The previous DOC did not identify the names of the students who were present and discovered the alleged verbal abuse incident of resident #001.

Inspector #687 conducted a record review of the home's policy titled, "Zero Tolerance of Abuse and/or Neglect", revised June 2015, which indicated that the home was committed to a zero tolerance of abuse or neglect of it's residents and management staff were to fully investigate the incident and complete the documentation of all known details of the reported incident.

In an interview with the Acting Director Of Care (ADOC) #2, they stated that they could not locate the home's internal investigation in relation to the alleged verbal abuse of resident #001 by PSW #105.

In an interview with the Administrator, they stated that they were made aware of resident #001's alleged verbal abuse by PSW #105 from the previous DOC. The Administrator stated that the previous DOC should have fully investigated and interviewed all the staff members involved in the alleged verbal incident as stated in the abuse policy but they had not. [s. 23. (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 to ensure that every alleged, suspected or witnessed incident of abuse or neglect of a resident by anyone, that the licensee knows of, is immediately investigated, to be implemented voluntarily.

WN #2: 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 licensee has failed to ensure that at least once in every calendar year, an evaluation was 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.

The home submitted a CIS report to the Director, which outlined allegations of verbal abuse by PSW #105 toward resident #001 on an identified date.

Inspector #687 conducted a record review of the home's policy titled, "Zero Tolerance of Abuse and/or Neglect", revised June 2015, which indicated that the home would ensure that the policy for zero tolerance of abuse and neglect of residents was evaluated for effectiveness annually.

In an interview conducted by Inspector #687 with the Administrator, they stated that the home's policy for "Zero Tolerance for Abuse and Neglect" was reviewed and revised annually by the DOC in collaboration with the Administrator. The Administrator acknowledged that the last revision of the policy was on June 2015, in which the policy should have been reviewed and revised annually but it was not. [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 to 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, to be implemented voluntarily.

Issued on this 3rd day of July, 2019

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

Original report signed by the inspector.