



**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**

**Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 11, 2013	2013_211106_0010	131-13, 1129-12, 1107, 262	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
1220 VALLEY DRIVE, KENORA, ON, P9N-2W7**

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

MARGOT BURNS-PROUTY (106)

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): May 21, 22, 23, 24, 2013

The following logs were reviewed as part of this Critical Incident inspection: S-000131-13, S-001129-12, S-001107-12, S-000262-12

Concurrent inspection completed during this inspection: # 2013_211106_0009

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

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

Legendé

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. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The archived health care record for resident # 003, including the plan of care and progress notes was reviewed by the inspector. Inspector also interviewed registered staff regarding the care of this resident. Twice in September 2012, resident #003 was transferred to hospital due to their responsive behaviours. The resident was returned to the home during the first week of October 2012. The progress notes indicate that the resident displayed aggressive and agitated behaviours multiple times and staff interviewed, confirm that this resident displayed aggressive and agitated behaviours. The plan of care for this resident does not include any interventions that direct staff how to manage the resident's violent behaviours nor, does it indicate that the resident has displayed violent behaviours and the potential risk this could pose to co-residents. The licensee failed to ensure that the plan of care for resident #003 sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

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 the plans of care for residents displaying aggressive or agitated behaviours sets out clear directions, on how to manage the residents' responsive behaviours, to staff and others who provide direct care to the residents, 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. (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 policy #AMD "Zero Tolerance of Abuse and Neglect" was provided to and reviewed by inspector. Staff member # S-100 was asked to indicate where the policy sets out the consequences for those who abuse or neglect residents. Staff member S-100 indicated that the policy states "Home staff will notify police if it suspects that an alleged, suspected or witnessed incident of abuse or neglect of a resident may constitute a criminal offense." No consequences for those who abuse or neglect residents were found in the policy. The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents sets out the consequences for those who abuse or neglect residents. [s. 20. (2)]



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

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 the policy to promote zero tolerance of abuse and neglect of residents sets 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. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

Findings/Faits saillants :



1. On May 22, 2013, staff member # S-100 provided inspector with a document that indicated when staff had training in the home. Staff member # S-100 reported that the Employee Orientation Training and The Annual LTCH Act Training included training regarding Abuse and Responsive Behaviours. The document was reviewed and it was found that the following direct care staff had not received annual training in Abuse recognition and prevention, since their Employee Orientation Training: 2008 – 8 PSWs, 2009 – 6 PSWs, 2010 – 9 PSWs and 1 RPN, 2011 – 20 PSWs and 1 RN, January 2012 through April 2012 – 5 PSWs and 1 RPN. The licensee failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in Abuse recognition and prevention. [s. 76. (7) 1.]

2. On May 22, 2013, staff member # S-100 provided inspector with a document that indicated when staff had training in the home. Staff member # S-100 reported that the Employee Orientation Training and The Annual LTCH Act Training included training regarding Abuse and Responsive Behaviours. The document was reviewed and it was found that the following direct care staff had not received annual training in behaviour management, since their Employee Orientation Training: 2008 – 8 PSWs, 2009 – 6 PSWs, 2010 – 9 PSWs and 1 RPN, 2011 – 20 PSWs and 1 RN, January 2012 through April 2012 – 5 PSWs and 1 RPN. The licensee failed to ensure that direct care staff are provided with training in behaviour management. [s. 76. (7) 3.]

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 who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in Abuse recognition and prevention and training in behaviour management, to be implemented voluntarily.



WN #4: 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 policy #AMD "Zero Tolerance of Abuse and Neglect" was provided to and reviewed by inspector. The policy does not identify the training and retraining requirements for all staff including, 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 residents and situations that may lead to abuse and neglect and how to avoid such situations. The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff including 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 situations that may lead to abuse and neglect and how to avoid such situations. [s. 96. (e)]



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

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 the policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff including 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 situations that may lead to abuse and neglect and how to avoid such situations, to be implemented voluntarily.

Issued on this 12th day of June, 2013

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

A handwritten signature in black ink, appearing to be "M. P.", written within a rectangular box.