



**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  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 17, 2014	2014_336580_0003	S-000434-13	Critical Incident System

#### **Licensee/Titulaire de permis**

BINGHAM MEMORIAL HOSPITAL  
507 8th Avenue, PO Box 70, Matheson, ON, P0K-1N0

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

ROSEDALE CENTRE  
507- 8th Avenue, P.O. Box 70, Matheson, ON, P0K-1N0

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

VALA MONESTIMBELTER (580)

#### **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): April 8, 2014**

**This inspection is in relation to Log #S-000434-13.**

**During the course of the inspection, the inspector(s) spoke with The Director of Care (DOC), the Support Services Lead, the Learning and Development Program Lead, Registered Practical Nurses, Personal Support Workers (PSW), Support staff, a Substitute Decision Maker (SDM) and residents.**

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas, observed staff to resident interactions, the provision of care to residents including a meal service, reviewed a resident's health care record, staff records and various policies and procedures.**

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

**Findings of Non-Compliance were found during this inspection.**



**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>Legendé</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. 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. According to a Critical Incident Report, staff member #205 was verbally abusive to Resident #100.

On April 8, 2014, Inspector 580 interviewed three staff regarding the Home's abuse



policy. Staff # 201 and Staff #202 described the Home's policy related to types of abuse, reporting abuse, protection from retaliation and required documentation. Staff #203 did not recall receiving any training about the abuse policy or the duty to report.

On April 8, 2014, Inspector 580 spoke with the Support Services Lead (SSL). The SSL told the Inspector housekeeping and dietary staff have received one responsive behaviour in-service following the incident. The SSL was not aware of any other orientation or training regarding the abuse policy for the staff over the last few years.

Via telephone on April 14, 2014, the Director of Care (DOC) told Inspector 580 that there were thirteen RPNs and twelve PSWs who worked at the Home. Ten Registered Nurses (RNs) who worked at Bingham Memorial Hospital also provided staff support to the Home. The SSL stated that there were approximately fourteen support staff including dietary, housekeeping and laundry who worked at the Hospital and the Long-Term Care Unit.

On April 8, 2014, the DOC told Inspector 580 that the Director of Quality and Risk Management (DQRM) compiles every incident of abuse, evaluates and discusses the findings with the DOC in order to identify the next steps. The DOC told Inspector 580 that they identified a need for training related to the Home's abuse policy.

On April 8, 2014, Inspector 580 observed Dietary Aide #205 interact with the residents during the meal service.

On April 8, 2014, Inspector 580 reviewed the following policies:

1. The Home's Policy on Mandatory Education, revised October 26, 2011, and reviewed April 24, 2012 does not describe training requirements as required in the Long-Term Care Homes Act.
2. The Home's Policy on Continuing Education – non mandatory, revised May 30, 2011, reviewed October 16, 2013 does not describe training requirements as required in the Long-Term Care Homes Act.
3. The Home's policy on Duty To Report, reviewed/revised May 1, 2013 identified the need for annual training for Duty to Report and Whistleblower Protection.
4. The Home's policy on Zero Tolerance of Abuse and Neglect, revised December 4,



2012, reviewed December 5, 2012 identified training is to be provided at orientation and annually.

On April 8, 2014, the DOC and the SSL gave Inspector 580 orientation records, in-service records and records of policies read and signed-off by staff for the year 2013 through to April 8, 2014:

1. In 2013, the following staff numbers received the listed in-services:

1.1. The "LTC Yearly Ed" was provided to four staff from the nursing department. There was no description of what was included in the "LTC Yearly Ed" in-service.

2. In 2013, the following staff numbers signed off on policy reviews:

2.1. The "Duty to Report" policy was reviewed by only nine staff including RPNs in 2013.

2.2. The "Zero tolerance of abuse and neglect" policy was reviewed by only ten staff in 2013.

2.3. A "Memorandum to Support Services Staff dated October 10, 2013 re Long-Term Care Legislation – LTCHA Section 23 Regulation 79/10, Section 104" which included a definition of emotional and verbal abuse was signed off by fifteen staff.

3. In 2014, there is only one record of in-service. The in-service is related to Delirium, Dementia and Depression. There is no record of training related to the Home's abuse policy.

The Licensee did not 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. [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 annually, retraining related to the Home's policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents**

**Specifically failed to comply with the following:**

**s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,**

**(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and**

**(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).**

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**Findings/Faits saillants :**

1. According to a Critical Incident Report, staff member #205 was verbally abusive to resident #100. There is no record that the Substitute Decision Maker (SDM) was notified of the verbal abuse of resident #100.

On April 8, 2014, Inspector 580 interviewed two registered staff. They told Inspector 580 they always notify the SDM about incidents involving resident #100.

On April 8, 2014 at approximately 15:30, Inspector 580 spoke by phone with the SDM for resident #100. When asked if they are contacted by the Home when there are any issues regarding the resident, the SDM said that "they call me when there is an incident, on Monday night they called me." They described to Inspector 580 this recent issue and said, "They call me for things like that." When asked if the Home ever notified them about any incidents about the resident involving any staff, they said no.

Inspector 580 reviewed the Home's policy on Zero Tolerance of Abuse and Neglect, revised December 4, 2012, reviewed December 5, 2012. It included immediate notification of the SDM if the resident is harmed and notification within twelve hours when there is an allegation, suspicion, witnessed or non-witnessed incident of abuse.

The Director of Care is newly hired since the incident. She had no knowledge of why the SDM was not notified.

The Licensee did not ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, are notified within twelve hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. [s. 97. (1) (b)]

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Issued on this 17th day of April, 2014

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

A handwritten signature in cursive script, appearing to read "M. Bell", written in black ink on a white background.