



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2015	2015_200148_0006	O-001423-14 AND O-000945-14	Critical Incident System

Licensee/Titulaire de permis

458422 ONTARIO LIMITED
220 EMMA STREET CORNWALL ON K6J 5V8

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

SANDFIELD PLACE
220 EMMA STREET CORNWALL ON K6J 5V8

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

AMANDA NIXON (148)

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): January 28-30, 2014.

This inspection included two Critical Incident Reports.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents. In addition, the inspector reviewed the home's investigation related to an identified critical incident, resident health care records, staff education records including the home's content for abuse education in the home and the home's policy to promote zero tolerance of abuse and neglect of residents.

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

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

3 WN(s)

3 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>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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for Resident #1 indicates that the resident requires constant supervision and two person assist for toileting. The resident wears an incontinence product and has a toileting routine in place which includes toileting before and after meals and as needed.

During the evening shift on a specified day, the resident was not toileted when the need for toileting was identified. At approximately 2:45pm RN #S101 received the resident vocalizing abdominal discomfort and identified that the resident required toileting. RN #S101 notified PSW #S104 to notify PSW #S102 and PSW #S103, who were responsible for two person assists, that Resident #1 needed to be toileted. At approximately 3:45pm, RN #S101 discovered that no toileting had been provided. RN #S101 approached PSW #S102, #S103 and #S104 and provided re-direction to toilet Resident #1. RN #S101 then left for a schedule break. Upon the RN's return, at approximately 4:10pm the resident had not yet been provided toileting care and continued to be in discomfort. At this time, the RN then initiated toileting care with the assistance of PSW #S103, with effect. The resident's discomfort subsided after having been provided with toileting care.

The resident was not provided with toileting as needed, on a specified date, resulting in the resident being in discomfort for a period of time. [s. 6. (7)]

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 care set out in the plan of care is provided to residents as specified by the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director



Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a person who has reasonable grounds to suspect that abuse or neglect of a resident by anyone has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

On a specified date, RN #S101 contacted the home's DOC related to the toileting care of Resident #1 that had occurred on the evening shift of the same day. RN #S101 disclosed that Resident #1 was in discomfort and that PSW staff members did not toilet the resident within a reasonable time when directed to do so. On the following day, the home's DOC began an investigation into the incident to determine if neglect had occurred. Reasonable grounds to suspect neglect may have occurred was available to RN #S101 and the home's DOC.

Four days after the incident, a Critical Incident Report was made to the Ministry of Health and Long Term Care. This method of reporting is considered notification to the Director. The home could not demonstrate that an immediate report had been made to the Director earlier than four days after the incident. [s. 24. (1)]



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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 certain matters, as described by s.24 of the Act included reasonable grounds to suspect abuse or neglect of residents, are reported to the Director immediately, 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 of the home have received training in the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities and annually thereafter.

In accordance with LTCHA 2007, section 76 (1), (2) and (4) and O.Reg. 79/10 section 219 (1), all staff are to be provided training on the long term care home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities and annually thereafter.

As identified by the home's Administrator, the policy titled Abuse and Neglect Prevention Program, reviewed January 2011, is the home's policy to promote zero tolerance of abuse and neglect of residents.

Upon discussion with the home's DOC regarding education in the home, she indicated that not all staff had completed the scheduled annual training in the 2014 year. When asked if RN #S101 and PSW #S102 and #S103 had been provided training on the home's policy to promote zero tolerance of abuse and neglect, she indicated that the staff had not been provided such training in 2014. Documents were provided indicating that both PSW #S102 and #S103 had completed the home's abuse training in January 2015.

Inspector #148 reviewed the planned annual training for staff related to the home's policy to promote zero tolerance of abuse and neglect of residents. It was determined that the training provided did not include all content from the home's policy to promote zero tolerance of abuse and neglect. This is exemplified by the content not including an explanation of the duty to report under section 24 of the Act, clearly setting out what constitutes abuse and neglect, as indicated by the Act and consequences for those who abuse or neglect residents. [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 to ensure that all staff are trained on the home's policy to promote zero tolerance of abuse and neglect, annually, to be implemented voluntarily.



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Issued on this 17th day of February, 2015

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

Original report signed by the inspector.