



**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 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**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 19, 2014	2014_336580_0017	S-000104-14	Complaint

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**Licensee/Titulaire de permis**

ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE  
70 Spine Road ELLIOT LAKE ON P5A 1X2

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

ST. JOSEPH'S MANOR  
70 SPINE ROAD ELLIOT LAKE ON P5A 1X2

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

VALA MONESTIMEBELTER (580)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 8, 9, 10, 11 and 12, 2014.**

**This inspection is in relation to Log #S-000104-14.**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and Behaviour Support Ontario staff (BSO).**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**

**Pain**

**Reporting and Complaints**

**Safe and Secure Home**

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

**3 WN(s)**

**0 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. 22. Licensee to forward complaints**

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

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits saillants :**

1. On September 9, 2014, during a Complaint inspection, Inspector #580 reviewed the health care record of resident #001 and the Home's complaint documentation including responses to complainants and found no report to the Ministry of Health and Long Term Care (MOHLTC) completed regarding the letter of complaint from the family of resident #001.

On September 9, 2014 Inspector #580 reviewed the Home's Complaint Process policy NUM V-55 dated January 2012 that states "the Long-Term Care Division shall receive a copy of all written complaints received by the facility, including a description of the follow-up actions taken."

On September 10 and 11, 2014 the Administrator/DOC confirmed the following to Inspector #580:

- that the Administrator/DOC received complaints from the complainant;
- that the Home did not complete a Critical Incident (CI) reports regarding the complaints.

The licensee failed to ensure that a written complaint concerning the care of a resident or the operation of the long-term care home is immediately forwarded to the Director. [s. 22. (1)]

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## **WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

### **Findings/Faits saillants :**



1. On September 9, 2014, during a Complaint inspection, Inspector #580 reviewed the health care record for resident #001 and the Home's complaints investigation records regarding resident #001 faxed to the MOHLTC by the complainant and found no acknowledging reply to the complainant from the Home.

On September 9, 2014 Inspector #580 reviewed the Home's Complaint Process policy NUM V-55 dated January 2012 that states 'the Administrator/DOC shall respond within 10 days to all residents'/representatives' complaints, indicating possible plans of actions' and "all concerns and complaints received shall be documented, including a list of the issues, date expressed, date and follow up action taken, final resolution if any, and date feedback was provided to the complainant."

On September 10 and 11, 2014 the Administrator/DOC confirmed the following to Inspector #580 that the Home did not respond to the complainant's letter.

The licensee failed to ensure that every written or verbal complaint made to the licensee concerning the care of a resident or operation of the home is investigated and resolved where possible, and a response provided within 10 business days of the receipt of the complaint. [s. 101. (1) 1.]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

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

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**



1. On September 11, 2014 during a Complaint inspection, Inspector #580 reviewed resident #001's health care record which includes:

- the Order sheet with an order for pain medication by the physician;
- the Kardex which indicated that medication is to be administered as ordered;
- the Medication Administration Record which indicated that the administration for pain medication was not given due to "sleeping".

On September 11, 2014 Inspector #580 reviewed the Home's Administering Medication policy NUM III-45 dated January 2011 that states each resident shall receive medication and treatment as ordered by the physician, unless the resident refuses.

On September 10 and 11, 2014 the Administrator/DOC confirmed to Inspector #580 that the medication administration was not given even though it was ordered to be given and only to be held if resident #001 refused the medication.

The licensee failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

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**Issued on this 19th day of December, 2014**

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

**Original report signed by the inspector.**