



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

**Rapport d'inspection  
prévus le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
longue durée**

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
<b>Dates of inspection/Date de l'inspection</b> January 5 <sup>th</sup> , 6 <sup>th</sup> , and 7 <sup>th</sup> , 2010	<b>Inspection No/ d'inspection</b> 2011_188_2877_05Jan115016	<b>Type of Inspection/Genre d'inspection</b> Mandatory Report Log # S-00130, CI 2877-000022-10 Log # S-00131, CI 2877-000023-10 Log # S-00229, CI 2877-000024-10 Log # S-00555, CI 2877-000031-10 Log # S-00757, CI 0877-000033-10
<b>Licensee/Titulaire</b> St. Joseph's General Hospital, Elliot Lake, 70 Spine Road, Elliot Lake, P5A1X2, F- 705-848-6239		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> St. Joseph's Manor, 70 Spine Road, Elliot Lake, P5A 1X2, F-705-848-2596		
<b>Name of Inspector/Nom de l'inspecteur</b> Melissa Chisholm 188		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct five Mandatory Report inspections.</p> <p>During the course of the inspection, the inspector spoke with: the Director of Care (DOC), Registered Nursing staff, Personal Support Workers (PSW), Recreation staff, residents involved in the mandatory reports and various residents currently residing in the home.</p> <p>During the course of the inspection, the inspector: Conducted a walk-through of all resident home areas and various common areas, observed the care of residents named in the mandatory reports, and reviewed the following:</p> <ul style="list-style-type: none"> <li>• Policies and procedures related to prevention of abuse and neglect</li> <li>• Training schedules, in-service records and content of educational sessions</li> <li>• Health care records of residents named in the mandatory reports</li> </ul> <p>The following Inspection Protocols were used during this inspection:          Responsive Behaviours          Prevention of Abuse, Neglect and Retaliation          Critical Incident Response</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p>		
6 WN		

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 20(2)d At a minimum, the policy to promote zero tolerance of abuse and neglect of residents, d) shall contain an explanation of the duty under section 24 to make mandatory reports.

**Findings:**

1. The inspector reviewed the home's policy/procedure RESIDENT ABUSE NUM VII-5 July 08.doc. This policy does not contain an explanation of the duty under section 24 to make mandatory reports. The licensee failed to ensure the policy to promote zero tolerance of abuse and neglect of residents contained an explanation of the duty under section 24 to make mandatory reports.

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**WN #2:** The Licensee has failed to comply with O.Reg. 79/10, s. 96(a) 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.

**Findings:**

1. The inspector reviewed the home's policy/procedure RESIDENT ABUSE NUM VII-5 July 08.doc. This policy does not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. The licensee failed to ensure their written policy contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.

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**WN #3:** The Licensee has failed to comply with O.Reg. 79/10, s. 96(e) 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, 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.

**Findings:**

1. The inspector reviewed the home's policy/procedure RESIDENT ABUSE NUM VII-5 July 08.doc. This 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 resident care, and situations that may lead to abuse and neglect and how to avoid such situations. The licensee failed to ensure the written policy identifies the 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 and situations that may lead to abuse and neglect and how to avoid such situations.

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**WN #4:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.24 (1)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.

**Findings:**

1. Inspector reviewed a critical incident report. The report was sent to the ministry using the mandatory report category "improper/incompetent treatment of a resident that results in harm or risk to a resident". The report identified the incident of improper or incompetent treatment of a resident occurred October 13, 2010 and was first reported to the ministry October 18, 2010. This is outside the immediate reporting time frame. The licensee failed to ensure that the Director is immediately informed following improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

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**WN #5:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.24 (1)2 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: 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.

**Findings:**

1. Inspector reviewed a critical incident report. The report was sent to the ministry using the mandatory reporting category "abuse/neglect". The report identified the incident of abuse relating to a resident occurred October 7, 2010 and was first reported to the ministry October 19, 2010. This is outside the immediate reporting time frame. The licensee failed to ensure that the Director is immediately informed following abuse of a resident by anyone that resulted in harm or risk of harm to the resident.

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**WN #6:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

**Findings:**


1. Inspector reviewed the homes education records for 2010. Retraining on the home's prevention of abuse and neglect policy occurs at a full day education session held throughout the year. It was noted by the inspector that 29 of 61 staff members had attended the full day education session offered in



2010. The licensee has failed to ensure that staff have annual retraining related to the homes prevention of abuse and neglect policy.

- It was reported to the inspector by three of four staff members interviewed that they have not had retraining on the home's policy on Prevention of Abuse and Neglect in 2010. The licensee has failed to meet the requirement that all staff have annual retraining related to the homes prevention of abuse and neglect policy.

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<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>		<b>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>	
			
<b>Title:</b>	<b>Date:</b>	<b>Date of Report: (if different from date(s) of inspection).</b>	
		February 7, 2011	