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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 30, 2017	2017_615638_0008	009295-15, 027292-15, 027372-15, 001719-16, 002692-16, 004648-16, 019037-16, 023021-16, 030925-16, 033065-16, 002172-17, 004934-17	Critical Incident System

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH CENTRE OF SUDBURY
1140 South Bay Road SUDBURY ON P3E 0B6

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

ST. JOSEPH'S VILLA, SUDBURY
1250 South Bay Road SUDBURY ON P3E 6L9

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

RYAN GOODMURPHY (638), AMY GEAUVREAU (642)

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): March 2, 6-10 and 13-17, 2017.

The following intakes were completed in this Critical Incident System (CIS) inspection;
-Two logs were related to visitor to resident physical abuse,
-One log was related to staff to resident neglect,
-One log was related to visitor to resident verbal abuse,
-Three logs were related to staff to resident physical abuse,
-One log was related to staff to resident verbal abuse,
-One log was related to alleged financial abuse and
-Three logs were related to resident to resident abuse.

A Complaint inspection #2017_615638_0007, was conducted concurrently with this CIS inspection.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), the Administrator, acting Director of Care (DOC), Assistant Director of Care (ADOC), Social Worker (SW), Registered Dietician (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and their families.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, reviewed relevant personnel files, licensee policies, procedures, programs, relevant training and health care records.

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

During the course of this inspection, Non-Compliances were issued.
2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written policy that promoted zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident System (CIS) report was submitted to the Director, which alleged visitor to resident abuse. The CIS report indicated that the visitor informed RN #102, that the day prior, they had physically abused resident #014, when resident #014 began exhibiting responsive behaviours.

Inspector #642 reviewed resident #014's progress notes, which identified on the day the visitor notified RN #102 of the incident of abuse, the RN documented that the visitor informed them that they had physically abused resident #014 because resident #014 had displayed responsive behaviours towards one of the registered staff members. The Inspector further reviewed resident #014's progress notes, which gave no indication that RN #102 had informed the on call delegate regarding the incident of abuse between the visitor and resident #014.

Inspector #642 reviewed the delegate on call notes. Upon review of the notes the Inspector identified that on the same day that the visitor notified RN #102 they had abused resident #014, RN #102 notified the on call manager that resident #014 had demonstrated an increase in their responsive behaviours, however, there was no documentation indicating that RN #102 informed the manager on call that resident #014 was physically abused by a visitor on that day.

In an interview with the Inspector, RN #117 stated that any incident of suspected, alleged or witnessed abuse was required to have been immediately reported to the DOC or the delegate.

The home's policy titled "Zero Tolerance of Abuse and Neglect" last revised September 14, 2015, indicated that any employee or volunteer who witnessed, or became aware of,

or suspected resident abuse were required to report it immediately to the Administrator, DOC or delegate.

In an interview with Inspector #642, the Administrator stated that all suspected incidents of abuse were required to be reported immediately to the Administrator, DOC or delegate to initiate the appropriate steps in order to ensure resident safety as per the home's policy. [s. 20. (1)]

2. A CIS report was submitted to the Director, which alleged an incident of staff to resident verbal abuse. Resident #017 reported to the ADOC that PSW #129 had yelled at them and spoke to them in a degrading manner.

The Ontario Regulation 79/10 (O. Reg. 79/10) defines verbal abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

Inspector #642 reviewed the home's internal investigation notes and response, written by the DOC and addressed to PSW #129. The home's internal investigation notes, indicated that PSW #129 had not used appropriate language or acted in an appropriate manner.

In an interview with Inspector #642, PSW #129 stated that they were involved in the incident of verbal abuse. The PSW stated that they had asked resident #017 "What are you doing?" and then told the resident "You are just being childish". The PSW then stated that the resident became upset as a result of this comment.

The home's policy titled "Zero Tolerance of Abuse and Neglect" last revised September 14, 2015, indicated that residents will be free from abuse by staff, volunteers, visitors, and other residents. The home's policy defined verbal abuse as; any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

In an interview with Inspector #642, the Administrator stated that the home employed a policy of zero tolerance of abuse and the policy was required to be followed to ensure that all residents were protected from abuse. [s. 20. (1)]

3. A CIS report was submitted to the Director which identified an incident of witnessed

abuse in which PSW #131 witnessed PSW #121 physically abuse resident #015 while giving care.

Physical abuse is defined within the O. Reg 79/10 as the use of physical force by anyone other than a resident that caused physical injury or pain.

Inspector #642 reviewed the homes internal investigation notes which identified that RPN #132 was immediately made aware of the incident of abuse, by PSW #121. The internal investigation notes further identified that RPN #132 failed to immediately inform the delegate of the incident of abuse.

In a review of resident #015's Point of Care (POC) charting, Inspector #642 identified that PSW #131 documented that the resident exhibited an escalation of their responsive behaviours.

During an interview with the Inspector, PSW #131 stated that they had witnessed the incident of alleged abuse between PSW #121 and resident #015. The PSW then stated that after the incident occurred, PSW #121 informed RPN #132 that they had physically abused resident #015.

In an interview with Inspector #642, RPN #125 stated that if an incident of abuse was suspected, witnessed or alleged, that it was their responsibility to determine the series of events, assess the resident and report the incident to their supervisor. In an interview with RPN #116, they identified the home employed a policy of zero tolerance of abuse and that the staff were required to follow the policy to ensure that the residents were protected from abuse.

In an Interview with Inspector #642, the ADOC and the Administrator both stated that every incident of alleged, suspected or witnessed abuse was required to be immediately reported to the management team by the staff member who became aware of the abuse. The ADOC then stated that the home's policy of zero tolerance of abuse had not been followed since the incident of abuse had not been immediately reported to the home when RPN #132 became aware of the incident. In an interview with Inspector #642 the Administrator stated that staff were required to follow the home's zero tolerance of abuse and neglect policy. [s. 20. (1)]

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 written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following:

s. 23. (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b). 2007, c. 8, s. 23 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the results of every investigation undertaken under Section 23 (1) (a) and every action taken under Section 23 (1) (b) was reported to the Director.

A CIS report was submitted to the Director which alleged an incident of staff to resident physical abuse. The report further identified that resident #019 had complained of an increase in pain and the resident stated that they had specific pain due to a specific staff member becoming frustrated and providing rough care. The Inspector reviewed the completed CIS report, which was missing key information, which included the results of the internal investigation as well as the actions taken by the home.

Inspector #642 requested specific documentation related to the incident of alleged abuse as well as the notes from the internal investigation that was conducted as a result of the incident. This documentation was requested by the Inspector on March 13, 2017, and again on March 15, 2017. The Administrator was unable to provide the Inspector with any documentation indicating what the results were and actions taken as result of the internal investigation. In an interview with the Inspector, the Administrator stated that they were unable to locate any of the documentation requested by the Inspector and was unable to provide the Inspector with definitive results and actions taken as a result of the lack of available documentation.

A review of the home’s policy titled "Zero Tolerance for Abuse and Neglect" last revised September 14, 2015, indicated that in making a report to the Director under subsection 23(2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report; a description of the incident, a description of the individuals involved in the incident, actions taken in response to the incident and analysis and follow-up actions.

Inspector #642 interviewed the Administrator. The Administrator confirmed that with every allegation of abuse, it was required to maintain a record of the internal investigation which would have included results of the investigation, which were to be used to update the CIS report accordingly. [s. 23. (2)]

Issued on this 31st day of March, 2017

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

Original report signed by the inspector.