



**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**

**Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670**

**Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 10, 2014	2014_220111_0007	O-000878- 13	Complaint

Licensee/Titulaire de permis

Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South, WHITBY, ON, L1N-9W2

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

STRATHAVEN LIFECARE CENTRE
264 King Street East, Bowmanville, ON, L1C-1P9

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

LYNDA BROWN (111), KELLY BURNS (554), MEGAN MACPHAIL (551) ~~651~~

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): March 20- 21, 24-25,
2014**

**7 Complaint inspections (log #000049,000064,000336, 000447,000878,00943 &
000948) were completed concurrently and along with the Resident Quality
Inspection. Non-compliance was identified with only two of the complaints (log
#000049 &000878).**

**During the course of the inspection, the inspector(s) spoke with the
Administrator, the Assistant Director of Care (ADOC) (and acting DOC),
Environmental Manager, Maintenance, Residents, Families, Director of Resident
and Family Services (DRFS), Registered Nurses (RN),Registered Practical
Nurses (RPN), and Personal Support Workers (PSW).**

**During the course of the inspection, the inspector(s) Reviewed health care
records of residents(6 current and 1 deceased, reviewed external contracts, the
home's policies (Falls prevention, Complaints, Infection prevention and control).**

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Admission and Discharge
Critical Incident Response
Falls Prevention
Infection Prevention and Control
Reporting and Complaints

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 O.Reg 79/10, s. 101. Dealing with complaints



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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).

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:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

Related to log# 000049:

O.Reg. 79/10, s.101 was issued on January 24, 2012 during inspection # 2012_021111_0002 and again on May 9, 2013 during inspection # 2013_220111_0018.

Review of the homes complaint log completed by the ADOC indicated:



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-a complaint was received on an identified date for staff to resident neglect for Resident #5.

-the investigation indicated they were "unable to identify the staff" involved but the investigation was continuing.

-the POA was contacted the day after the complaint was received and update provided.

Interview of the Administrator indicated the ADOC was responsible for completing the investigation into the complaint.

Interview of the ADOC indicated the complaint was received the day before the complaint log indicated the complaint was received regarding staff to resident neglect. The ADOC indicated the RN was instructed to investigate and document. The ADOC indicated the POA of Resident #5 was contacted two days after the complaint was received and update provided but the POA was not contacted when the investigation was completed.

Interview of staff, review of the homes investigation, and review of progress notes for Resident #5 indicated on a specified date, RPN #100 received a verbal complaint from a family member of Resident #5 regarding staff to resident neglect. The RPN identified that PSW #101 (assigned to the resident) was the identified staff member involved in the allegation. RN #103 also received a second complaint from another family member regarding the same incident the same shift. RN #103 interviewed PSW #101 and the PSW denied the allegation. RN #103 notified the ADOC of the allegation. The ADOC requested RN #102 investigate the incident the following day but could not determine who was involved.

Review of the homes policy "Complaints-Response Guidelines" (XXIII-A-10.12) indicated under procedure "the Administrator will":

-ensure department managers report and follow up on verbal complaints from staff, family, residents, and/or visitors within their departments and complete an internal incident report within 24 hrs.

Verbal complaints:

-i. contact the complainant to obtain the information about the areas of concern,

-ii. conduct and document an internal investigation,

-iii. contact complainant and provide actions taken to resolve the complaint, and provide a written response to the complainant within 10 business days of receipt to a verbal complaint that is not resolved in 24 hrs.



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The complaint log indicated:

- the alleged staff member "was not known" despite documentation and interviews clearly indicating who the alleged staff member was.
- the ADOC indicated the complaint was received a day after the complaint was actually received.
- a verbal response was only provided to one of the complainant's and was provided prior to completion of the homes investigation.

There was no documented evidence of the following:

- the complaint was investigated and resolved where possible and a response was not provided prior to completion of the investigation,
- an internal incident report was completed regarding a verbal complaint made by a resident and family members regarding staff to resident neglect(as indicated in the home's policy).
- a written response (as indicated in the home's policy) was not provided to all the persons who made the complaint within 10 business days indicating what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home



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Specifically failed to comply with the following:

- s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**
- (a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).**
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).**
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).**
 - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**
-

Findings/Faits saillants :

1. Related to log#000878:

A written refusal letter was received on a specified date by the DRFS for Applicant #1 indicating:

- the withholding approval of the application was due to the "home lacks the physical facilities necessary to meet your care requirements",
- the letter specified the reason for the refusal was due to an inability to "manage the infection control requirements" with ward rooms "placing the applicant and other residents at risk of infection".

A second written bed refusal letter was received a month later from the DRFS for the same applicant indicating:

- the withholding approval of the application was due to "Our home lacks the physical facilities necessary to meet your care requirements"
- the letter specified the reasons for the refusal included history of reoccurring infections, medical diagnoses, history of responsive behaviours, medication use, and wounds.
- the letter further indicated the home could not manage the infection control requirements and was unable to manage wounds/infections or responsive behaviours.

The admission bed refusal letters did not provide an explanation of how the supporting facts justified the decision to withhold approval and did not provide contact information for the Director.



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Issued on this 6th day of May, 2014

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

A handwritten signature in blue ink, appearing to read "J. Brown", written in a cursive style.



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Order(s) of the Inspector
Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur
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Direction de l'amélioration de la performance et de la conformité

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Name of Inspector (ID #) /
Nom de l'inspecteur (No) : LYNDA BROWN (111), KELLY BURNS (554), MEGAN
MACPHAIL (551)

Inspection No. /
No de l'inspection : 2014_220111_0007

Log No. /
Registre no: O-000878-13

Type of Inspection /
Genre
d'inspection: Complaint

Report Date(s) /
Date(s) du Rapport : Apr 10, 2014

Licensee /
Titulaire de permis : Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South, WHITBY, ON, L1N-9W2

LTC Home /
Foyer de SLD : STRATHAVEN LIFECARE CENTRE
264 King Street East, Bowmanville, ON, L1C-1P9

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : PATRICK BROWN

To Glen Hill Terrace Christian Homes Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:



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section 154 of the *Long-Term Care
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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Order / Ordre :

The licensee will prepare, implement and submit a corrective action plan that will include:

- 1) Ensuring that each verbal complaint concerning the care of a resident will be investigated, including who will be responsible;
- 2) To ensure that a response is provided within 10 business days of receipt of the complaint, and who will be responsible, where possible; and
- 3) Retraining of all staff on the requirements of s.101 for verbal and written complaints.

This corrective action plan is to be submitted via email to
Lynda.Brown2@ontario.ca or via fax at 1-705-755-4516 by April 22, 2014.

Grounds / Motifs :



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de l'article 154 de la *Loi de 2007 sur les foyers
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1. Related to log# 000049:

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internal incident report within 24 hrs.

Verbal complaints:

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- a written response (as indicated in the home's policy) was not provided to all the persons who made the complaint within 10 business days indicating what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded. (111)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 26, 2014



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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of April, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

LYNDA BROWN

Service Area Office /

Bureau régional de services : Ottawa Service Area Office