Ontario

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
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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
Sep 3, 2014	2014_369153_0007	T-629-14	Critical Incident System

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26, Midhurst, ON, L0L-1X0

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

SUNSET MANOR HOME FOR SENIOR CITIZENS
49 RAGLAN STREET, COLLINGWOOD, ON, L9Y-4X1

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

LYNN PARSONS (153)

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): July 2, August 6, 7, 2014.

During the course of the inspection, the inspector(s) spoke with director of human resources, general manager of health and emergency services, treasurer, controller, accounting supervisor, administrator, administrative assistant, residents and substitute decision makers(SDM).

During the course of the inspection, the inspector(s) reviewed purchase service agreements, trust transaction lists, trust statements, auditor reports and financial policies.

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

Findings of Non-Compliance were found during this inspection.

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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to protect residents from financial abuse.
On April 11, 2014, an inquiry was received from a resident's family in another home of the licensee's LTC Homes in relation to the length of time it took for deposits to be posted to resident trust accounts.
An internal investigation was completed identifying irregularities in some residents' trust accounts at the corporate finance department.
Through interviews and record reviews it was identified that the following residents had funds misappropriated from their trust accounts in the noted amounts during the months of March and April 2014:
resident #1 - $200.00
resident #2 - $ 60.00
resident #3 - $100.00
resident #4 - $ 60.00.
The identified residents' trust accounts were reimbursed by the licensee on April 29, 2014.
New measures were implemented by the licensee to reduce the risk of a similiar incident occurring in the future.
An interview with the Administrator confirmed financial abuse had occurred at the corporate financial department. [s. 19. (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 all residents are protected from financial abuse, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation. O. Reg. 79/10, s. 97 (2).

Findings/Faits saillants :

1. The licensee failed to ensure the resident and resident's SDM were notified of the results of the alleged abuse investigation immediately upon completion.
The investigation was completed on May 5, 2014, involving financial abuse.
On May 22, 2014, the SDMs for resident #s 1, 2, 3 and 4 were informed of the misappropriation of funds in their trust accounts by the Administrator.
The misappropriated funds were deposited into the identified residents' trust accounts on April 29, 2014.
An interview with the Administrator confirmed the SDMs for the above noted residents were not notified of the results of the alleged abuse investigation immediately upon completion of the investigation. [s. 97. (2)]

Issued on this 3rd day of September, 2014

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