



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  
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1. The licensee did not ensure that when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, in relation to the follow: [134(a)]

a) Staff did not document resident #002's response and the effectiveness of analgesics being administered to manage pain. Clinical documentation indicated that over a three month period of time in 2013 staff administered both narcotic and non-narcotic analgesics 34 times in response to this resident identifying pain from a variety of sources. Staff confirmed that the homes computerized medication system will generate both a progress note when an as necessary medication is administered and also a follow-up progress note into which staff administering the medication is required to document the effectiveness of the medication being give. Clinical documentation, confirmed by staff, indicated that for 18 of the 34 times the above noted medications were administered to the resident staff did not document the effectiveness of the medication in managing the resident's pain. The resident continued to experience pain at the time of this inspection.

b) Staff did not document resident #001's response and the effectiveness of analgesics being administered to manage pain. Clinical documentation indicated that over a three month period of time in 2013 staff administered non-narcotic analgesics 15 times in response to this resident identifying pain both in the head and the general body. Clinical documentation, confirmed by staff, indicated that for 3 of the 15 times the above noted medication was administered to the resident staff did not document the effectiveness of the medication managing the resident's pain. [s. 134. (a)]

***Additional Required Actions:***

***CO # - 007 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records.**



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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**



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1. The licensee did not ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, in respect to the following: [8(1)(b)]

1. a) The licensee did not ensure that staff in the home complied with the home's [Pain Management] policy identified as V3-170 with a revised date of March 2012. This policy directs staff that if the initial or subsequent quarterly review reassessment demonstrates that the resident's pain is not being managed effectively staff is to initiate a follow up with other members of the interprofessional team to determine alternative treatment protocols. Staff did not comply with this policy when resident #001 received non-narcotic medication to manage complaints of pain identified in the head and body 15 times over a three month period of time and staff did not assess the resident. Staff did not comply with this direction for resident #002 when data collected during a quarterly review indicated the resident's pain was not being managed and the resident continued to experience pain at a moderate level almost daily.

Staff confirmed they did not follow up with other members of the interprofessional team to determine alternative treatment protocols.

b) This policy also directs that all staff are expected to play an integral role in the development of the plan of care relative to pain management. Staff did not comply with this direction when a plan of care was not developed for resident #001 when this resident demonstrated that pain was being experienced.

2. a) The licensee did not ensure that staff in the home complied with the home's [Responsive Behaviour Management] policy identified as V3-092 dated March 2012. This policy directs prevention, reduction and management strategies for responsive resident behaviours include the assessment and identification of behavioural triggers and the implementation of strategies to respond to the needs of individual residents. Staff did not comply with this policy when they did not attempt to identify behavioural triggers or develop a plan of care that included strategies for resident #001 who was demonstrating responsive behaviours.

b) This policy also directs that nursing staff will monitor all residents for any medical problems that may impact responsive behaviours, monitor any changes in behaviours, assess the resident demonstrating responsive behaviours and care plan for the management of responsive behaviours. Staff did not comply with these directions for resident #001 when staff confirmed that they did not monitor the resident for medical conditions that may impact responsive behaviours, did not monitor the change in



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behaviours that were being demonstrated by this resident, did not assess this resident and did not develop a care plan for the management of responsive behaviours for this resident. [s. 8. (1) (b)]

***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 and ensuring that where the Act or the Regulation requires the licensee to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, that the plan, policy, protocol, strategy or system is complied with, to be implemented voluntarily.***

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**WN #8: 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).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that staff complied with the written policy to promote zero tolerance of abuse and neglect of residents, in relation to the following: [20(1)] Staff in the home did not comply with the home's policy titled [Abuse and Neglect Resident], identified as V3-010 with a revised date of February 2012. This policy provided by the Administrator, directs that all staff, residents and families are required to immediately report any suspected or known incidents of abuse or neglect to the Director of the Ministry of Health and Long Term Care. Staff in the home did not follow the directions contained in this policy when in April 2013 staff did not immediately report a suspicion of abuse to the Director when staff observed resident #001 punch resident #003 following a verbal altercation and in June 2013 when staff observed resident #001 physically abuse resident #002's. [s. 20. (1)]



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***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 and ensuring that staff comply with the written policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**

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

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
  - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
  - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

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**Findings/Faits saillants :**



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1. The licensee did not ensure that, for each resident demonstrating responsive behaviours, (a) behavioural triggers were identified, (b) strategies were developed and implemented to respond to these behaviours and (c) actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that responses to the interventions were documented, in relation to the following:

[53(4)(a)(b)(c)]

a) Staff in the home documented that resident #001 was demonstrating responsive behaviours that included physical and verbal aggression as well as resistance to care. Staff and clinical documentation confirmed that no attempts were made to identify triggers for these behaviours.

b) Staff and clinical documentation confirmed that strategies were not developed or implemented to respond to these behaviours and the care plan contained no directions for staff with respect to what behaviours were being demonstrated, what the goals of care were related to behaviour management or strategies that staff were to implement when these behaviours were demonstrated.

c) Although data was collected with respect to the resident's behaviours and a conclusion that the resident's behavioural symptoms had deteriorated in the three months preceding May 2013, no action was taken to assess the resident and no interventions were put in place to manage these responsive behaviours. [s. 53. (4)]

***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 and ensuring that for each resident demonstrating responsive behaviours, behavioural triggers were identified, strategies were developed and implemented to respond to the behaviours and actions taken to respond to the needs of the resident including assessment, reassessment and interventions and that those interventions are documented, to be implemented voluntarily.***

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**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**



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Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).
2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).
3. Behaviour management. 2007, c. 8, s. 76. (7).
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).
5. Palliative care. 2007, c. 8, s. 76. (7).
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

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Findings/Faits saillants :



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1. The licensee did not ensure that all staff who provide direct care to the residents receive as a condition of continuing to have contact with residents, annual retraining, in accordance with LTCHA, 2007, O.Reg. 79/10, s. 219(1) in the area of behaviour management, related to the following: [76(7)3]

Information provided by the ADOC indicates that there were 193 staff in the home responsible for the provision of direct care to the residents. The ADOC and documentation provided with respect to 2012 training confirmed that 47 staff who provide direct care to residents were not provided with annual retraining in the area of behaviour management in 2012. During this inspection areas of non-compliance were identified related to care for residents demonstrating responsive behaviours. [s. 76. (7) 3.]

2. The licensee did not ensure that all staff who provide direct care to the resident received as a condition of continuing to have contact with residents, annual retraining, in accordance with LTCHA, 2(1)007, O. Reg. 79/10, s. 219 in the area of pain management in accordance with LTCHA, 2007, O. Reg. 79/10, s. 221(1)4, with respect to the following: [76(7)6]

Information provided by the ADOC indicated that there were 193 staff in the home responsible for the provision of direct care to residents. The ADOC and documentation provided verifying staff training confirmed that 182 staff who provide direct care to the residents were not provided with annual retraining in the area of pain management in 2012. During this inspection areas of non-compliance were identified related to care for residents experiencing pain. [s. 76. (7) 6.]

***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 and ensuring that all staff who provide direct care to residents receive as a condition of continuing to have contact with residents, annual retraining in the areas of behaviour management and pain management, to be implemented voluntarily.***

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 148.  
Requirements on licensee before discharging a resident**





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Specifically failed to comply with the following:

s. 148. (2) Before discharging a resident under subsection 145 (1), the licensee shall,

(a) ensure that alternatives to discharge have been considered and, where appropriate, tried; O. Reg. 79/10, s. 148 (2).

(b) in collaboration with the appropriate placement co-ordinator and other health service organizations, make alternative arrangements for the accommodation, care and secure environment required by the resident; O. Reg. 79/10, s. 148 (2).

(c) ensure the resident and the resident's substitute decision-maker, if any, and any person either of them may direct is kept informed and given an opportunity to participate in the discharge planning and that his or her wishes are taken into consideration; and O. Reg. 79/10, s. 148 (2).

(d) provide a written notice to the resident, the resident's substitute decision-maker, if any, and any person either of them may direct, setting out a detailed explanation of the supporting facts, as they relate both to the home and to the resident's condition and requirements for care, that justify the licensee's decision to discharge the resident. O. Reg. 79/10, s. 148 (2).

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Findings/Faits saillants :



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1. The licensee did not ensure that before discharging resident #001, under LTCH, 2007 O. Reg. 79/10, s. 145(1), alternatives to discharge were considered and tried where appropriate, in relation to the following: [148(2)(a)]

Staff in the home transferred resident #001 to the hospital in June 2013 and then forwarded letters, on the same date, to the resident and to the resident's power of attorney indicating the home was discharging the resident effective immediately for care and safety concerns. The Director of Care confirmed that alternatives to discharge, such as a leave for assessment in hospital or transfer to a specialized unit were not considered prior to the decision to discharge this resident from the home. [s. 148. (2) (a)]

2. The licensee did not ensure that before discharging resident #001, under LTCHA, 2007-O. Reg. 79/10, s. 145(1), the resident and the resident's substitute decision maker is kept informed and given an opportunity to participate in the discharge planning, related to the following: [148(2)(c)]

Resident #001's power of attorney confirmed that he was not provided with an opportunity to participate in this resident's discharge planning and was informed by the home via telephone that he would have to contact the Community Care Access Centre to make arrangements for the care of the resident when the resident was discharged from the hospital. The Director of Care confirmed that the resident's power of attorney was not given an opportunity to participate in the discharge planning of this resident. [s. 148. (2) (c)]

***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 and ensuring that before discharging a resident, alternatives to the discharge are considered and where appropriate tried and that the resident and the resident's substitute decision maker is kept informed and given an opportunity to participate in the discharge planning, to be implemented voluntarily.***

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Issued on this 10th day of July, 2013

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

Phyllis Hiltz-Bontje