



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Health System Accountability and
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Performance Improvement and
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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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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
Feb 21, 2014	2014_031194_0007	000023-14	Complaint

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

CHANTAL LAFRENIERE (194)

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): February 14 & 18, 2014

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Care (DOC), Co-ordinator of Resident and Family Services (CRFS), Co-ordinator of Finance, Behavioural Support Ontario (BSO), Registered Practical Nurse (RPN), Personal Support Worker (PSW)

During the course of the inspection, the inspector(s) reviewed the Clinical Health Record of identified Resident, Licensee's Policy "Complaints-Resident/Representative" #14-65, identified complaint letters, Psychiatric Assessment, Dementia Observation System (DOS) documentation, BSO documentation, Medication Administration and Records (MARS) and observation of an identified Resident.

**The following Inspection Protocols were used during this inspection:
Medication
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 LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA s.22.(1) when it did not forward written complaints concerning the care of a resident to the Director.

The DOC and Co-ordinator of Resident and Family Services confirmed that the home had received 7 letters of complaint from resident #1's Power of Attorney (POA) over a two month period.

CEO has confirmed that 7 letters received from resident #1's POA concerning care had not been forwarded to the Director. [s. 22. (1)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

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. (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 :

1. The licensee failed to comply with O. Reg s. 101.(1)1 when 7 written complaints



were received by the home concerning the care of resident #1 and a response was not provided within 10 business days.

Written complaints were forwarded to the home by resident #1 POA over a two month period. The letters identified concerns about care and requested written documentation be sent to the POA. Communication to the complainant by the Co-ordinator of Resident and Family Services indicated the need to set up a meeting to discuss the concerns but no response was made to the complaints addressed in the letters. [s. 101. (1) 1.]

2. The licensee failed to comply with O. Reg s. 101.(2) when a documented record of 7 complaint letters was not kept in the home.

The Chief Executive Officer has confirmed that the 7 letters received from POA of resident #1 over a two month period, identifying care concerns were not documented in the home's complaint log. There is no documented record of actions taken to resolve the complaints and respond to the complainant.

Review of the licensee's policy "Complaints - Resident/Representative" # 14-65 directs:

- a) Respond, document and communicate to the complainant immediately upon receiving the complaint as an acknowledgment of receipt of complaint including the date by which the complainant can reasonably expect a resolution and a follow up response.
- b) Investigate and document the complaint using the Resident/Representative complaint form # F14-65
- c) Forward the completed investigation documentation (summary of complaint and outcome or remedy of complaint) to the Director/Designate of area affected.
- d) Respond to the complainant within 10 business days of the receipt of the complaint or the agreed upon date when acknowledging the complaint
- e) Ensure the documented record includes:
 - the nature of each verbal or written complaint
 - the date the complaint was received
 - the type of action taken to resolve the complaint, including the date of action, time frames for actions to be taken and any follow up action required
 - the final resolution if any;
 - every date on which any response was provided to the complainant and a description of the responses and



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-any response made in turn by the complainant [s. 101. (2)]

Issued on this 21st day of February, 2014

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

CHANTAL LAFRENIERE (194)