



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection March 28 and April 12, 2011	Inspection No/ d'inspection 2011_147_2942_28Mar145819	Type of Inspection/Genre d'inspection Complaint – H-00646
Licensee/Titulaire Holland Christian Homes Inc. 7900 McLaughlin Road South Brampton, ON L6Y 5A7		
Long-Term Care Home/Foyer de soins de longue durée Grace Manor 45 Kingknoll Drive Brampton, ON L6Y 5P2		
Name of Inspector Laleh Newell		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector spoke with:

Assistant Director of Care, Administrator and the resident.

During the course of the inspection, the inspector:

Interviewed Assistant Director of Care and resident, reviewed clinical chart and progress notes, reviewed Policy and Procedure related to abuse and neglect, internal investigation and Internal incident report reviewed and the personnel files of the staff.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse and Neglect Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

5 WN
4 VPC

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. The home failed to protect an identified resident from abuse by a staff.
2. The home immediately initiated an investigation regarding the allegation of abuse, however, allowed the staff member to return to work on the same unit as the resident resides days after the incident had occurred and before the home had completed their internal investigation. This placed further emotional distress on the resident and the family and therefore the home failed to protect the resident from additional emotional abuse.

Inspector ID #:	147
Additional Required Actions: VPC – pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 the home shall protect it's residents from abuse by anyone, to be implemented voluntarily.	

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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	
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Findings: 1. Interview with the Assistant Director of Care (ADOC) on March 28, 2011 and review of the home's current policy and procedure confirmed the home does not have in place a written policy to promote zero tolerance of abuse and neglect of resident.	
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Inspector ID #:	147
Additional Required Actions: VPC – pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 the home has in place a written policy to promote zero tolerance and neglect of resident and that the policy in complied with, to be implemented voluntarily.	

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 24(1)(2) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director: 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.	
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Findings: 1. An incident of abuse occurred by a staff member in the home that resulted in harm to an identified resident, the home had knowledge that the incident had occurred, but failed to immediately report the incident to the Director.	
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Inspector ID #:	147
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 any incidences of abuse of a resident by anyone or neglect of a resident by the licensee or staff that result in harm or a risk of harm to the resident is reported to the Director immediately, to be implemented voluntarily.	



WN #4: The Licensee has failed to comply with O.Reg. 79/10, s. 8(1)(b)

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,

(b) is complied with.

Findings:

1. The home failed to comply with their Prevention, Reporting and Elimination of Abuse – 50-07-05 by not providing counseling to the resident or family immediately after the alleged abuse that occurred to resident an identified resident.
2. The home also failed to comply with the above policy by not notifying the Ministry of Health and Long Term Care immediately of the incident.
3. The home failed to comply with their Standard of Employee Conduct – Reporting Abuse – 50-07-06 by not preparing a written report on an Unusual Occurrence Form by the Charge Nurse related to the abuse incident that occurred to an identified resident.
4. The home also failed to comply with the above policy by returning the staff member back to work on the same unit as the resident resides days after the incident and before the home's internal investigation was completed.

Inspector ID #: 147

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 the home complies with the home's policy, procedure, plan and systems that are in place, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s. 107(1)(5)

Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.

Findings:

1. The home was declared in an Enteric Outbreak on March 22, 2011, however the home failed to ensure the Director was informed related to this incident until May 2, 2011.

Inspector ID #: 147

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: (if different from date(s) of inspection).

July 21/11