



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 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
Jan 6, 2014	2013_241502_0002	T-360-13	Critical Incident System

Licensee/Titulaire de permis

DRS PAUL AND JOHN REKAI CENTRE
345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

WELLESLEY CENTRAL PLACE
160 WELLESLEY STREET EAST, TORONTO, ON, M4Y-1J2

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

JULIENNE NGONLOGA (502), SARAN DANIEL-DODD (116)

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): October 17, 18, 2013

During the course of the inspection, the inspector(s) spoke with personal support workers(PSWs), registered practical nurses (RPNs), registered nurses (RNs), Director of Resident Care, and Executive Director.

During the course of the inspection, the inspector(s) reviewed resident health record, education records on zero tolerance for abuse, mandatory reporting, home's investigation, and related policies.

The following Inspection Protocols were used during this inspection:



Prevention of Abuse, Neglect and Retaliation

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. 76. Training



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Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
 - 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
 - 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
 - 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
 - 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
 - 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
 - 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
 - 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
 - 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
 - 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
 - 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**
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Findings/Faits saillants :



1. The licensee failed to ensure that staff receive training in the area of the home's policy to promote zero tolerance of abuse and neglect of residents, before performing their responsibilities.

Personal support worker involved in Resident #1 care stated that the home did not provide him/her with training in the area of the home's policy to promote zero tolerance of abuse and neglect of residents, before performing his/her responsibilities. Staff interview confirm that the home does not have a formal orientation or training in place for agency staff.

Record review and staff interview confirm that agency personal support workers are not trained on the home's policy to promote zero tolerance of abuse and neglect of residents prior to performing their responsibilities [s. 76. (2) 3.]

2. The licensee failed to ensure that staff receive training in the area of mandatory reporting under section 24 of the Act prior to performing their responsibilities.

The home's abuse policy number P-10, titled Abuse or Neglect revised on July 22, 2013 that is used to train staff on mandatory reporting, provides confusing information. The policy indicates that staff should report any suspicion of abuse to the management staff and not to the Director under the Long Term Care Home Act.

Staff interviews revealed that the process of mandatory reporting of any suspicion of abuse or neglect is to report to the nurse, who will report the Director of Care, inform the physician, the Power of Attorney, the police, and ambulance.

The Director of Resident Care confirm that personal support workers are encouraged not to intervene but to report the suspicion of abuse or neglect to the nurse.

Review of the home's policy of abuse confirm that staff are not trained to have a mandatory duty to report any suspicion of abuse of a resident to the Director under the Long Term Care Home Act [s. 76. (2) 4.]



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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 to ensure that all staff receive training in the area of the home's policy to promote zero tolerance of abuse and neglect of residents, before performing their responsibilities, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care for Resident #1 was provided to resident as specified in the plan of care.

Review of Resident #1 plan of care indicated that Resident #1 needs a seat belt for safety while in the wheelchair. Staff interview revealed that the night shift personal support worker assigned to Resident #1 should dress the resident before the end of his/her shift, transfer him/her to the wheelchair, and guide him/her to the dining room for coffee.

Record review and staff interview confirm that Resident #1 was found on an identified date in his/her room with a bleeding nose, a muscle laceration on lower right arm, and sitting in his/her wheelchair without a seat belt. Resident #1 was sent to hospital for further assessment and required stitches to the laceration. [s. 6.]

WN #3: 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. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**
 - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
 - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents contain an explanation of the duty under section 24 to make mandatory reports. Section 24 indicates that if a person who has reasonable grounds to suspect that alleged or actual abuse or neglect has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

A review of the home's abuse policy number P-10, titled Abuse or Neglect revised on July 22, 2013, states that the person who first become aware of abuse or neglect, suspected abuse or neglect, shall immediately inform the Executive Director, or if not available the Director of Nursing/supervisor Delegate. The Executive Director or Director of Nursing Services must notify the Ministry of Health, Long Term Care Branch, and the Director of Operations. [s. 20. (2)]



WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

- (c) identifies measures and strategies to prevent abuse and neglect;
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.

A review of the home's abuse policy indicates that in incidences where abuse or neglect has been confirmed, resources will be made available to assist the abused resident and the person responsible for the abuse in confirmed cases of abuse or neglect. The policy does not contain procedures and interventions to assist and support residents who have been allegedly abused or neglected [s. 96. (a)]



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Issued on this 6th day of January, 2014

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

J. Mloga