



**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
Direction de l'amélioration de la
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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 13, 2013	2013_181105_0047	L-000424- 13,L-000445 -13	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE MUNICIPALITY OF CHATHAM-KENT
519 King Street West, CHATHAM, ON, N7M-1G8

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

RIVERVIEW GARDENS
519 KING STREET WEST, CHATHAM, ON, N7M-1G8

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

JUNE OSBORN (105)

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): August 27, 28, 29, 2013

This inspection included 6 critical incidents. In addition to the 2 previously noted log #s, there are also L-000438-13, L-000503-13, L-000505-13, and L-000510-13.

During the course of the inspection, the inspector(s) spoke with 7 residents, 5 Personal Support Workers, 2 Registered Practical Nurses, 1 Registered Nurse, 1 Housekeeping Aide, 1 Laundry Aide, 2 Nurse Managers, the Recreation Manager, the Performance Improvement Coordinator, the Director of Care, and the Administrator.

During the course of the inspection, the inspector(s) reviewed 6 clinical records, reviewed policies and procedures, reviewed 7 critical incidents, and observed resident and staff interactions.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Recreation and Social Activities

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure the plan of care was revised when the resident's care needs changed.

There was no evidence that a specific resident's change in care needs, had been addressed on the Plan of Care. This was confirmed by the Director of Care.[s. 6. (10)]



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 plan of care is revised when a resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy "Resident Safety, Safeguards, and Codes", dated February 2012, was complied with.
There is no evidence that the physiotherapist completed an assessment after a specific resident fell, as outlined in procedure #2 for Physiotherapist in the policy titled, "Resident Safety, Safeguards, and Codes". This was confirmed by the Director Of Care. [s. 8. (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 policies are complied with, to be implemented voluntarily.

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 has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents includes:

- a) an explanation of the duty under section 24 of the Act to make mandatory reports
- b) current procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents
- c) consequences for those who abuse or neglect residents
- d) compliance with requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations [O. Reg.79/10, s.96(a) (d) (e)(i)(ii)]

The policy entitled Resident Protection Revised May 2012 is not current with legislation. It references the Homes for the Aged Act, R.S.O. 1990, c. H-13, Article 1.1 and the Ministry of Health, Long Term care Facilities Manual, Section 0902-01, Article A1.10.

This policy does not contain an explanation of the duty to make Mandatory Reports. Section C of this Policy indicates a preliminary investigation that includes use of the "Unusual Occurrence Report" for submission to the Ministry of Health Compliance Officer and a formal investigation will produce a final report in 30 days.

This policy does not set out any consequences for those who abuse or neglect residents.

This policy does not include compliance with requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations [O. Reg.79/10, s.96(a) (d) (e)(i)(ii)]. These include procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected; identifying 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 identifying the training and retraining requirements for all staff, including , (i) training in 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.

The Administrator and Director of Care confirmed the policy does not meet the legislative requirements of the LTCHA 2007. [s. 20. (2)]



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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 the Policy to promote zero tolerance includes an explanation of the duty under section 24 of the Act; current procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; consequences for those who abuse or neglect residents; procedures to assist residents who have been abused or neglected; identify the process for investigation and who will investigate; identify training and retraining requirements that include power imbalances, power and responsibility for resident care, and situations that may lead to resident abuse, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the required program for Falls Management provides goals and objectives and protocols for referrals to outside resources. The policy "Resident Safety, Safeguards, and Codes" with Revised date February 2012, in Section:iv Falls Prevention, does not provide a written description of the program that includes goals, and objectives, nor protocols for referrals of residents to specialized resources when required.

This was confirmed by the Director of Care. [s. 30. (1) 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 the Falls Management Program includes written goals and objectives of the program and protocols for referrals to outside resources, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident has fallen, a post fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

There is no evidence of a post falls assessment being completed when a specific resident fell, using a clinically appropriate tool specifically designed for falls. This was confirmed by the Director of Care. [s. 49. (2)]

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 a clinically appropriate tool specifically designed for falls is used for each post fall assessment, to be implemented voluntarily.



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Issued on this 13th day of September, 2013

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