



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 10, 11, 12, Sep 6, 7, 11, 14, 2012; 2012_104196_0019; Mandatory Reporting

Licensee/Titulaire de permis

RIVERSIDE HEATH CARE FACILITIES, INC.
110 VICTORIA AVENUE, FORT FRANCES, ON, P9A-2B7

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

RAINYCREST
550 OSBORNE STREET, FORT FRANCES, ON, P9A-3T2

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents

During the course of the inspection, the inspector(s) conducted a tour of all resident home areas, observed the provision of care and services to residents, reviewed the health care records of various residents, reviewed various home policies and procedures and reviewed Critical Incident #C608-000010-12 and #C608-000020-11 that were submitted to the Ministry of Health and Long-Term Care (MOHLTC)

MOHLTC Log#s inspected: S-000521-12,S-002010-11

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



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<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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

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).

- 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;**
 - (b) shall clearly set out what constitutes abuse and neglect;**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
 - (f) shall set out the consequences for those who abuse or neglect residents;**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
 - (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. A Critical Incident report was submitted in April 2012 to the Ministry of Health and Long-Term Care (MOHLTC) for two alleged incidents of staff to resident abuse/neglect that had occurred in February and in April 2012. After the second incident, the staff member decided to report both occurrences to management via email on April 11, 2012. The incidents were then reported to the Director via a phone message that same day. An interview was conducted with staff member #100 and it was identified that the staff member who had reported the incidents of abuse/neglect, felt they had dealt with the issue at the time of the first occurrence and therefore they had not reported to management. The inspector reviewed the licensee's policy RCS A-15 titled "Abuse Policy" with an approval date of November 2004 and it included the statement "Abuse of a resident is unacceptable and staff will fulfill their moral and legal obligations to report any incident or suspected incident of resident abuse" and also stated "On becoming aware of abuse or suspected abuse, the person first having knowledge of this shall immediately inform the Administrator, or if not available, the Director of Resident Care /or Delegate". The staff member that had suspected abuse from staff toward residents did not report it as it is specified in the licensee's written abuse policy.

The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents was complied with.

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. [LTCHA 2007, S.O. 2007, c. 8, s. 20 (1).]

2. The inspector reviewed the licensee's policy RCS A-15 titled "Abuse Policy" with an approval date of November 2004. The written policy did not contain any reference to the duty under section 24 to make mandatory reports. An interview was conducted with staff member #100 and it was reported that the licensee's policy to promote zero tolerance of abuse and neglect is currently being updated.

The licensee failed to ensure, at a minimum, the policy to promote zero tolerance of abuse and neglect of residents, (d) shall contain an explanation of the duty under section 24 to make mandatory reports; [LTCHA 2007, S.O. 2007, c. 8, s. 20. (2)(d).]

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 that will ensure that the licensee's written policy to prevent abuse and neglect of residents is complied with and that the policy shall contain an explanation of the duty under section 24 to make mandatory reports, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training
Specifically failed to comply with the following subsections:

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

Findings/Faits saillants :

1. Interviews were conducted with staff members #104 and #105 on July 12, 2012 and staff member #106 on July 11, 2012. None of the employees could identify what was meant by "the duty under section 24 to make mandatory reports". An interview was conducted with staff member #100 and it was reported that there has been no formal training for staff members regarding mandatory reporting, but that the Registered Nurses (RN) and unit coordinators would be aware of the required reporting.

The licensee failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 4. The duty under section 24 to make mandatory reports. [LTCHA 2007,S.O.2007,c.8,s.76.(2)4.]

2. The inspector conducted interviews with staff members #101, 102, 103, 104 on July 12, 2012 to determine if they had received training in the area of whistle-blowing protections afforded by section 26. None of these four staff members understood what the term whistle-blowing protection meant. Interview conducted with staff member #100 on July 12, 2012 and it was confirmed that the licensee has not provided training to staff in this area.

The licensee failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 5. The protections afforded by section 26. [LTCHA 2007,S.O.2007,c.8,s.76.(2)5.]

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 that ensures that all staff at the home receive training in the duty under section 24 to make mandatory reports and the protections afforded by section 26, to be implemented voluntarily.

WN #3: 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 :



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1. The inspector reviewed the policy RCS A-15 titled "Abuse Policy" with an approval date of November 2004 as found in the Resident Care and Services binder. The written policy did not identify the training and retraining requirements for all staff including 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 situations that may lead to abuse and neglect and how to avoid such situations. An interview was conducted on July 11, 2012 with staff member #100 regarding the licensee's policy to promote zero tolerance of abuse and neglect and it was identified that it is currently being updated at the present time.

The licensee failed to ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, (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.(e)(i)(ii).]

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 that will ensure the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, identifies the training and retraining requirements for all staff, including, 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 situations that may lead to abuse and neglect and how to avoid such situations, to be implemented voluntarily.

Issued on this 14th day of September, 2012

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

J. Fenwick #196.