

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 28, 2020	2020_771609_0004	002106-20	Critical Incident System

Licensee/Titulaire de permis

Algoma Manor Nursing Home
145 Dawson Street THESSALON ON P0R 1L0

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

Algoma Manor Nursing Home
145 Dawson Street THESSALON ON P0R 1L0

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

CHAD CAMPS (609)

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): February 24-26, 2020.

The following intakes were inspected during this Critical Incident System (CIS) Inspection:

One intake related to alleged staff-to-resident abuse.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Office Manager (OM), Care Coordinator (CC), Ontario Provincial Police (OPP), residents and family of residents.

The Inspector(s) also conducted a daily tour of the home, observed staff-to-resident and resident-to-resident interactions as well as reviewed relevant health care records, training records, internal investigations, policies, programs and procedures.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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. 19. Duty to protect

Specifically failed to comply with the following:

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. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 was protected from abuse by

anyone.

A Critical Incident (CI) report was submitted by the home to the Director which described how the family of resident #001 disclosed concerns to the home of potential misappropriation or misuse of the resident's money or property by staff member #101.

a) Ontario Regulation (O. Reg.) 79/10 section (s.) 215 requires that a police record check is conducted before a licensee hires a staff member as set out in subsection 75 (2) of the Act.

Inspector #609 reviewed staff member #101's Human Resources (HR) file and found a printed photograph of a police record check.

A review of the home's policy titled "Criminal Reference Check Staff/Volunteers" approved December 31, 2019, indicated that offers of employment would be conditional upon Administration receiving a clear, completed criminal reference check.

During an interview with the Executive Director (ED), they expressed surprise to see a print of a photographed police record check for staff member #101 and not an original. The ED indicated that the original copy should have been given to the Administration.

b) O. Reg. 79/10 s. 2 defines financial abuse as any misappropriation or misuse of a resident's money or property.

During an interview with the Office Manager (OM), they described how resident #001's family provided them with evidence of the misappropriation or misuse of the resident's money or property, which prompted an internal investigation by the home.

A review of the home's internal investigation found documentation to support the misappropriation or misuse of resident #001's money or property by staff member #101.

A review of the home's policy titled "Prevention of Abuse and Neglect of a Resident" last revised April 2019 indicated that all residents were to be free of abuse.

During an interview with the ED, they indicated that staff member #101 received disciplinary action, related to the misappropriation or misuse of resident #001's money or property.

A review of correspondence addressed to staff member #101 outlined evidence of how the staff member attempted to misappropriate or misuse resident #001's money or property.

c) Inspector #609 reviewed resident #001's health care records and found in a progress note that a specified piece of the resident's property was missing.

During an interview with resident #001's family member, they described how the resident had the specific piece of property that was never recovered.

During an interview with the OM, they described resident #001's specific piece of property as expensive. The OM stated it was possible that staff member #101 had taken the property.

During an interview with the ED, they acknowledged that it was possible that staff member #101 took resident #001's specific piece of property. [s. 19. (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 that all residents are protected from abuse by anyone, to be implemented voluntarily.

Issued on this 28th day of February, 2020

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

Original report signed by the inspector.