



**Ministry of Health and
Long-Term Care**

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

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

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

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

**Division des foyers de 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 # / Registre no	Type of Inspection / Genre d'inspection
Apr 26, 2017	2017_395613_0007	004570-17	Follow up

Licensee/Titulaire de permis

AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC.
130 ELM STREET SUDBURY ON P3C 1T6

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

CEDARWOOD LODGE
860 GREAT NORTHERN ROAD SAULT STE. MARIE ON P6A 5K7

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

LISA MOORE (613)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April 12, 13 and 18, 2017

The following intake was completed during this inspection:

One Follow up related to a high risk compliance order #003 under s. 19 (1) of the LTCHA issued during inspection #2016_395613_0022 related to not ensuring that all residents were protected from abuse by anyone and that all residents were not neglected by the licensee or staff.

During the course of the inspection, the inspector(s) spoke with Operations Manager of Autumwood, Executive Director/Director of Care (ED/DOC), Resident Quality Manager (RQM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping and Laundry staff and residents.

The Inspector also conducted a tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, resident to resident interactions, reviewed relevant health care records, and reviewed the Zero Tolerance of Abuse and Neglect policies 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.

**3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2016_395613_0019		613

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 20. Policy to promote zero tolerance



Specifically failed to comply with the following:

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).

Findings/Faits saillants :

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

Inspector #613 reviewed the home's internal investigation binder titled, "Abuse Binder" which identified that an alleged abuse incident had occurred in April 2017, where resident #002, had accused a staff member of abuse.

A review of the home's policy titled, "Zero Tolerance of Abuse and Neglect" last revised February 2017, revealed that staff must follow two types of procedures (internal and external) for the reporting of all alleged, suspected or witnessed incident of abuse as outlined in the policy. Staff who were reporting a suspected, alleged or witnessed incident of abuse were to complete the "Prevention of Abuse & Neglect of a Resident – Actual or Suspected Nursing Checklist", the "Internal Reporting of an Alleged, Suspected or Witnessed Abuse or Neglect of a Resident Incident Form" and were to ensure the "Witness Report of the Incident" was completed. As well, the policy identified that management staff were to fully investigate the incident, and complete the documentation of all known details of the reported incident.

A review of the internal investigation of the incident contained minimal documentation on two pieces of paper. One sheet of paper identified three sentences regarding the details of the allegations of abuse, and six staff signatures. The other sheet of paper identified documentation with a conversation between the ED/DOC and resident #002, where resident #002 had denied the alleged abuse had occurred. There was no other documentation in regards to the internal investigation. As well, the following forms were not completed as per the home's "Zero Tolerance of Abuse and Neglect" policy, "Prevention of Abuse & Neglect of a Resident – Actual or Suspected Nursing Checklist", the "Internal Reporting of an Alleged, Suspected or Witnessed Abuse or Neglect of a Resident Incident Form" or the "Witness Report of the Incident".



During an interview with PSW #107, they informed the Inspector that the ED/DOC had not interviewed them or any other witness, nor were they asked to complete a Witness Report of the Incident form. They further stated that they were only asked to sign a paper that RPN #103 had written about the incident.

During an interview with RPN #103, they confirmed they had not followed the revised policy nor had they initiated the internal investigation forms for the alleged abuse.

During an interview with the Executive Director/Director of Care (ED/DOC) on April 12, 2017, they confirmed they had not completed the investigation forms as per the revised policy.

On April 13, 2017, during an interview with the Operations Manager of Autumnwood, they confirmed that the ED/DOC had not followed the home's revised "Zero Tolerance of Abuse and Neglect" Policy for the April 2017 incident of alleged abuse and should have completed the new forms during their investigation. [s. 20. (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 the home's policy to promote zero tolerance of abuse and neglect of residents is complied with by all staff, to be implemented voluntarily.

WN #2: 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 licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, identified 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.

The Inspector reviewed the home's policy titled, "Zero Tolerance of Abuse and Neglect" last revised February 2017, it did not include training and retraining 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 or situations that may lead to abuse and neglect and how to avoid such situations.

During an interview with the Operations Manager on April 18, 2017, they verified that the training and retraining requirements 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 or situations that may lead to abuse and neglect and how to avoid such situations was not included in the policy and should have been. They also informed the Inspector that this training would be added to the policy and the training would be added to their training module for all staff. [s. 96. (e)]

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 their 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.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that where drugs were stored access was restricted to persons who may dispense, prescribe or administer drugs in the home.

During a daily tour of the home on April 18, 2017, Inspector #613 observed the door behind the nursing station was unlocked and accessible by all staff. Inside the room there was an unlocked treatment cart. Inside the cart, topical prescription medications were found.

On April 18, 2017, the Inspector interviewed PSW #107, Housekeeper #105, RPN #103 and RN #104, who all verified that all staff had access to this room, and therefore, to the cart containing prescription topical medications, as the lock on the door had been removed in April 2017. RPN #103 stated it was the home's practice to store prescription topical medication in this room without locking the cart.

During an interview with the Resident Quality Manager on April 18, 2017, they verified that it was the expectation of the home that only registered staff were to have access to prescribed medications, including prescribed topical medications and that the treatment cart should have been locked when not in use. [s. 130. 2.]



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Issued on this 27th day of April, 2017

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

Original report signed by the inspector.