

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 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

Direction de l'amélioration de la performance et de la

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection No/ No de l'inspection

Oct 2, 3, 4, 12, 15, 2012

Inspection No/ No de l'inspection

Type of Inspection/Genre d'inspection

Critical Incident

Licensee/Titulaire de permis

OMNI HEALTHCARE (COUNTRY TERRACE) LIMITED PARTNERS 161 Bay Street, Suite 2430, TD Canada Trust Tower, TORONTO, ON, M5J-2S1

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

**COUNTRY TERRACE** 

conformité

10072 Oxbow Drive, R.R. #3, Komoka, ON, NOL-1R0

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

**BONNIE MACDONALD (135)** 

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Life Enrichment Co-ordinator, Office Manager, Personal Support Worker, Resident and Family member.

During the course of the inspection, the inspector(s) reviewed critical incident, investigation reports, employee records, policies and procedures, orientation and training materials, and other relevant documents.

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  | I-RESPECT DES EXIGENCES  |
|-----------------------|--|
| CO - Compliance Order | Legendé  WN - Avis écrit  VPC - Plan de redressement volontaire  DR - Aiguillage au directeur  CO - Ordre de conformité  WAO - Ordres : travaux et activités |



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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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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. 19. Duty to protect Specifically failed to comply with the following subsections:

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 home had a duty to protect resident from abuse when there was a misappropriation of resident's funds.

Staff member provided the home with a signed Annual Self Declaration Regarding Criminal Record form indicating they had a criminal record.

In interview, the Administrator confirmed the home had not taken follow up action to conduct a Criminal Reference check and vulnerable sector screening of staff member. Therefore, the home failed to ensure that residents are protected from abuse and neglect. [LTCHA, 2007 S.O. 2007, c. 8,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 residents are protected from financial abuse by ensuring there is a process in place to follow up on staff who declare they have a criminal record, 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 subsections:

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 (b) is complied with. O. Reg. 79/10, s. 8 (1).

## Findings/Faits saillants:

1. Home's policy Criminal Reference Checks for Employees, August 2007 was not complied with when staff member did not provide the home with an Annual Self Declaration regarding their criminal record.

In interview, Department Manager confirmed the Annual Self Declaration Regarding Criminal Record form 1.15 b), had not been received from staff member. [O.Reg. 79/10,s.8 (1)(b)]



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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 ensuring the home's policy is complied with and staff provide the home with an Annual Self Declaration regarding any criminal records, to be implemented voluntarily.

Issued on this 16th day of October, 2012

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

Livue MacDall