



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
Direction de l'amélioration de la performance et de la conformité

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 13, 19, 2011; Jan 23, Feb 21, 23, 24, 2012; 2011_104196_0003; Mandatory Reporting

Licensee/Titulaire de permis

ST. JOSEPH'S CARE GROUP
35 NORTH ALGOMA STREET, P.O. BOX 3251, THUNDER BAY, ON, P7B-5G7

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

HOGARTH RIVERVIEW MANOR
300 LILLIE STREET, THUNDER BAY, ON, P7C-4Y7

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 Administrator, Director of Care (DOC), Nursing Coordinator, 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 the home, observed the provision of care and services to residents of the home, reviewed the resident's health care records, reviewed the mandatory report submitted to the Ministry of Health and Long-Term Care (MOHLTC), reviewed the home's policies and procedures related to abuse and neglect of residents

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

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

- 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. In January 2011, a mandatory report describing verbal abuse from a staff member to a resident was received by the MOHLTC. A mandatory report inspection was previously conducted in November 2011 by inspector #106, relating to another incident of verbal abuse. This same staff member was identified in both of these incidents.
2. In April 2011, a mandatory report alleging verbal abuse by a staff member to a resident which had occurred March 2011, was submitted to the MOHLTC. The DOC confirmed that at the time of the incident of abuse/neglect in March 2011, the home was under the corporate umbrella of St. Joseph's Care Group and utilized the policy #AD 6-21 titled "Respect and Safety in the Workplace Program: Managing the abuse of Clients by Staff" with the approval date of June 2007. The policy was reviewed by the Inspector in September 2011 and it did not contain a definition or description of what constitutes abuse or neglect, did not provide for a program to prevent abuse and neglect and did not contain an explanation of the duty to make mandatory reports. The licensee failed to ensure, at a minimum, the policy to promote zero tolerance of abuse and neglect of residents, shall clearly set out what constitutes abuse and neglect, shall provide for a program that complies with the regulations, for preventing abuse and neglect, and shall contain an explanation of the duty under section 24 to make mandatory reports. [LTCHA 2007,c. 8, s. 20 (2)(b)(c)(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 ensuring the licensee shall provide for a program that complies with the regulations, for preventing abuse and neglect, that the policy to promote zero tolerance of abuse and neglect of residents shall clearly set out what constitutes abuse and neglect and 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 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. Policy #AD 6-21 titled "Respect and Safety in the Workplace Program: Managing the abuse of Clients by Staff" with the approval date of June 2007 was reviewed and did not identify training and retraining requirements for all staff. 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 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)]
2. The licensee's policy #AD 6-21, titled "Respect and Safety in the Workplace Program: Managing the abuse of Clients by Staff" with the approval date of June 2007 was reviewed. The policy did not identify measures or strategies to prevent abuse and neglect. 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, identifies measures and strategies to prevent abuse and neglect. [O.Reg.79/10,s.96(c)]
3. The licensee's Policy #AD 6-21, titled "Respect and Safety in the Workplace Program: Managing the abuse of Clients by Staff" was reviewed and did not contain any reference to assisting and supporting residents who have been abused or neglected or allegedly abused or neglected. 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 contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. [O.Reg.79/10,s.96(a)]



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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 that the licensee's policy to promote zero tolerance of abuse and neglect of residents includes the training and retraining requirements for all staff, identifies measures and strategies to prevent abuse and neglect, and contains procedures and interventions to support residents who have been abused or neglected or allegedly abused or neglected, to be implemented voluntarily.

Issued on this 24th day of February, 2012

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

Lawen Lenhzen #796