



**The Corporation of The
City Of
Kawartha Lakes**

**Human Services Department
Memorandum – 03**

To: Victoria Manor Committee of Management
From: Pamela Kulas, Executive Director
Date: March 16, 2020
RE: Ministry of Health and Long Term Care Complaint Inspection

A Ministry of Health Critical Incident Inspection was conducted on October 29, 30, 31 and November 5, 6 and 7, 2019. During the inspection the following inspection protocols were used: Prevention of Abuse, Neglect and Retaliation.

During the course of the inspection the home received 6 Written Notices, 1 Voluntary Plan of Correction and 1 Compliance Order.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

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To summarize findings:

- 1. Every licensee of a long term care home call protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.**
- 2. The licensee has failed to comply to promote zero tolerance**
- 3. The licensee has failed to report certain matters to the Director**
- 4. The licensee has failed to notify substitute decision maker**
- 5. The licensee has failed to notify appropriate police force immediately**

a. Corrective Actions

- i. All nursing staff to be re-educated on the Prevention of Abuse & Neglect of a Resident Checklist.
- ii. Re-education to all Registered Staff on verbal and emotional abuse definitions
- iii. Registered Staff will be re-educated on the monitoring process of a resident should suspected or actual abuse occur.
- iv. Management will audit the CIS to ensure that the Abuse Checklist is completed to it's entirety.
- v. All nursing staff will complete Relias education as it relates to Sienna's Policy for definitions of abuse and reporting requirements for Abuse and Neglect.
- vi. A process map outlining responsibilities for actual or suspected Abuse/Neglect will be given to the Nursing team to guide their actions.
- vii. Risk Management Training will be provided to Registered Staff as it relates to actual or suspected abuse.

- 6. The licensee of a long term care home shall ensure that there is a written plan of care for each resident that sets out the planned care, the goals, clear directions to staff and others:**

a. Corrective Actions

- i. Weekly Fall Program meetings will be implemented and minutes will be taken of these meetings.
- ii. Residents on the falling leaf program will have their care plan reviewed monthly and revisions will be completed on an as needed basis.
- iii. Residents triggering as a high fall risk will have a "Intervention card" at their bedside. Pending on the fall intervention, the nursing team will circle the appropriate pictures of the item/invention ie. bed alarm, fall mat, call bell.