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| **Order** | **Action Plan** | **Responsible Person** | **Date completed** |
| Compliance Date for the order is September 18, 2020.LTCHA s.19(1)The licensee must;1. Protect all residents from abuse by resident #004.
2. Ensure that the plan of care for resident #004, who exhibits physically aggressive responsive behaviours, identifies the specific behaviour and the interventions and strategies are developed to address that behaviour,
3. Ensure that the strategies and interventions are implement for resident #004
 | All staff will receive education on Abuse and mandatory reporting of abuse. Staff to review abuse education and complete post test and hand in to their supervisor. Any wrong answers from quiz will be reviewed by their supervisor. As soon as surge learning is set up this year, videos will be sent up to review abuse education videos . All staff to review zero tolerance for abuse policy. All staff to receive education on Mandatory reporting and Critical incidents. They will review several scenarios about incidents of reporting with test to be completed. Staff will review whistleblower policy as read and sign as a review. Education will also be done during the month of September focusing of Responsive Behaviour. Specifically, staff will be educated on the importance of reporting any behaviours that could lead to abuse, including triggers and that interventions are put in place and become part of the resident’s plan of care. The home will strive to have multiple different interventions to give staff multiple different approaches. The home has also implemented weekly review with our medical director Dr Grant that will be done every month with the BSO team and continue to refer to psycho geriatrician. Resident #004 will have his plan of care for responsive behaviour reviewed by the BSO and Care Team. Focus will be on triggers and interventions for responsive behaviours. The triggers and interventions will be included on the Kardex in the under responsive behaviours, section for access by all Direct Care Providers.All psw staff have access to both the care plan and the Kardex. Significant behaviours are added to the BSO board at each nursing stations. VAT tool will continue to be used, Vat scores of 4 or greater will be reviewed will have BSO referrals doneEducation was done to Registered staff related to new incident reporting and BAT assessments which will be triggered by any incident related to physical abuse. The Clinical Nursing Management Team to continue with weekly , or biweekly meetings with a set agenda. One of the items on the agenda is the review of all CIS reports, as well as all Incident Assessments and incidents of responsive behaviours.The process for documenting all incidents of abuse is being revised. Progress notes titled “Assault-Resident to Resident”, and “Assault-Resident to Staff” is being retired. A new assessment titled “Incident Report” has been created. The Assessment includes information that leads a Registered Staff member through the documentation and assessment process when an incident of abuse occurs. The Director of Care will then review the incident reports and will review each incident and documentation to ensure all appropriate follow up has taken place. The Director’s review will be documented on the rear of the report. The paper copy will be filed in a binder kept in the Director of Care’s office.Review the checklist for use when there is an alleged incident of Abuse/Neglect to be used as a tool by Registered Staff/managers. Checklist on policy manager | Michelle Rak, DOC and Christine Normandeau, EDMichelle Rak, DOC and Justyna Z, ADOCJoAnn Guerro, ADOC and BSO teamBSO Registered Staff/EDAssistant Director of Care Joanne G and Justyna Z BSO team lead/RPN ADOCDirector of CareDirector of Care DRC/Nurse Consultant | *Ongoing**Completed, need date.* |