

## **Case Summary #07-06-02**

**Complaint:** Intentionally causing emotional harm

**Allegation:** Reported by a service provider, it was alleged there were three incidents involving a Personal Care Attendant (PCA).

Incident #1: The PCA confronted the client about opening the medication drawer, became angry and verbally abusive toward the client. Later the same day, the PCA again became angry at the client, yelling and using profanity towards the client.

Incident #2: The PCA pushed the client onto his bed and tossed the client's feet up onto the bed, demanding that the client remain in bed for the duration of the night.

Incident #2: The next day it was alleged that several members of the household were watching television when the client began to have tremors. The PCA then dragged the client by his feet to the elevator and put him in the elevator alone. The client then had to crawl on his knees from the elevator to his room by himself.

### **Summary of the Investigation Findings**

The client has a disease causing tremors and an unsteady gait. He is to have staff in attendance when he leaves the home.

#### Incident #1

The client rang the bell for his medications at 1:00 p.m. but staff could not respond at the time due to caring for other clients. The client went to the kitchen, saw the keys on the counter, opened the medication drawer and took out his medication strip, tossed the strip and the keys on the microwave shelf behind the microwave. The client then went back to his room.

An eyewitness observed that the PCA became irate by yelling, swearing and screaming at the client. The eyewitness went to the client's room and found him distraught, crying, and upset. The client corroborated the event as described and stated that the PCA told him twice to shut up.

The PCA said that she did confront the client about opening the medication drawer. The PCA described her manner as loud but not abusive and she said she never swore. The PCA said the keys to the medication drawer should be inaccessible to clients.

#### Incident #2

The client said that when the PCA was helping him to bed, the PCA threw his feet on the bed and told him not to get up again. According to the client, the PCA was swearing at him. The client said he was upset by the incident.

Another staff person advised that the client recounted the incident with the PCA. The client asked this staff person not to say anything until the PCA's shift was completed, and he did not want the Manager to be informed of the incident.

The PCA said she did not push the client on to the bed, but said that she did lift the client's feet up onto the bed, as was common practice when putting the client to bed. She also said she did tell the client to stay in bed.

### Incident #3

The client said that he fell asleep during the movie and when he woke up he had tremors. According to the client, the PCA said he was faking the tremors. The client said the PCA took him to the elevator and made him go upstairs by himself. The client said he had to crawl to his room, but made no reference to being dragged by his feet. The client said it was difficult for him to get to bed.

The PCA said the client fell asleep during the movie, as he was tired, but he had no tremors. The PCA said that the client asked the PCA to take him upstairs but the PCA said she told him he could go on his own at which time the client fell to his knees. The PCA said that she supported him, hip to hip, to the elevator, and then let him go to his room alone. The PCA said the client got to his room by himself. The PCA said that she was not abusive and would never harm anyone. However, she did say that she regrets allowing the client to go to his room without assistance, and said she made the wrong call.

The PCA said the client's placement in this house is inappropriate. According to the PCA, staff are supposed to sleep from 10:00 or 11:00 p.m. and be up at 7:00 a.m. but with the client up all night, rummaging in the fridge, it is difficult for staff to sleep. The PCA said staff have had some in-services on how to handle clients. The PCA said there was an in-service on brain injury that was helpful and said it would be helpful to have in-services on Multiple Sclerosis and Parkinson's Disease.

The alleged incidents were not reported immediately by the staff or written up as Unusual Incidents by staff at the time of occurrence.

### **Action Taken by the Agency**

The agency conducted an internal investigation, and the PCA's employment with the facility was terminated. The Public Guardian was notified. The Manager said he will discuss handling stress, not leaving medication keys out on the counter, and the timely writing of Incident Reports with all staff.

### **Recommendations**

The allegations of abuse were upheld and the following recommendations were made.

1. That facility management review the lifting strategy for the resident to ensure staff members are using correct procedures that are appropriate to the client's needs.
2. That the Manager, Clinical Consultant and the Home Care staff assess the care needs of the client to determine if the current placement has the capacity to meet his needs. Several staff members expressed their belief that the client's needs may be greater than what is available in this facility.
3. That facility management consider implementing a systematic review of residents' physical care and emotional needs and ensure that staff members are prepared to respond appropriately to unique behavioral traits of the clients. It is noted that staff have had some in-service on responding to the physical and emotional needs of the clients; however, the clients' needs are continually changing and a systematic review of their needs would ensure that staff are aware of the changes and able to respond accordingly.
4. That facility management review the protocol for security of medication drawer keys to ensure clients do not have access, and review the protocol with all staff. It is noted that the Manager addressed the issue of security of the medication drawer in a timely manner after being apprised of the alleged incident.
5. That facility management review with all staff the importance of completing the Unusual Incident report in a timely manner when abuse is suspected as this was not done when staff members were first made aware of the client's concerns. It is noted that the Manager responded to the alleged abuse and completed an internal review in a timely and thorough manner when apprised of the alleged incidents.
6. That facility management review its policies on stress relief for staff and ensure that measures are in place to relieve staff members who are experiencing undue stress.