Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére 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 conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 21, 22, 26, 2012	2012_054133_0011	Critical Incident

Licensee/Titulaire de permis

CHARTWELL MASTER CARE LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

CHATEAU GARDENS LANCASTER LONG TERM CARE CENTRE
105 MILITARY ROAD NORTH, P.O. BOX 429, LANCASTER, ON, K0C-1N0

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

JESSICA LAPENSEE (133)

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 the Administrator/Director of Care and the Assistant Director of Care.

During the course of the inspection, the inspector(s) reviewed documentation related to the home investigation into the reported Critical Incident, review the home's policy to promote zero tolerance of abuse and neglect titled "Abuse" with a revision date of March 2012 and reviewed the health care record of a resident and of a former resident.

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 VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. The home's written policy to promote zero tolerance of abuse and neglect of residents, titled "Abuse" with a revision date of March 2012, fails to clearly set out what constitutes abuse and neglect.

The policy fails to capture the distinction between resident to resident physical abuse and physical abuse of a resident by anyone other than a resident and fails to reflect that administering or withholding a drug for an inappropriate purpose is also considered physical abuse.

The policy fails to capture the fact that a resident's consent to touching, behavior or remarks of a sexual nature by a licensee or staff member (with exceptions) does not prevent a determination of sexual abuse. The policy fails to capture the distinction between sexual abuse of a resident by a licensee or staff member and sexual abuse of a resident by a person other than a licensee or staff member.

The policy puts forth a definition of verbal abuse which is not consistent with the definition of verbal abuse found in O. Reg 79/10, s.2 and fails to capture the distinction between resident to resident verbal abuse and verbal abuse of a resident by anyone other than a resident.

The policy puts forth a definition of emotional abuse which is in essence the definition of verbal abuse in O. Reg 79/10, s.2 and fails to distinguish between resident to resident emotional abuse and emotional abuse of a resident by anyone other than a resident.
[LTCHA, 2007, S.O, 2007, c.8, s. 20 (2)(b)]
2. The home's written policy to promote zero tolerance of abuse and neglect of residents, titled "Abuse" with a revision date of March 2012, does not contain an explanation of the duty under section 24 of the Act to make mandatory reports.
[LTCHA, 2007, S.O. 2007, c. 8, s. 20 (2)(d)]
3. The home's policy to promote zero tolerance of abuse and neglect of residents, titled "Abuse" with a revision date of March 2012, fails to deal with additional matters as provided in the regulations, specifically related to O. Reg 79/10, s.98 "Police notification". On page 5 of 9, the policy indicates that the Administrator, DOC or designate will notify "police if indicated in the case of Physical/Sexual, fraud or after consultation with Chartwell Director". As well, the policy states "police are to be notified if the abuse results in injury to a resident which requires the resident be transferred to hospital." O. Reg 70/10, s. 98 directs that the appropriate police force be immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.
[LTCHA 2007, S.O. 2007, c.8, s. 20(2)(h)]

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. The home's written policy to promote zero tolerance of abuse and neglect of residents, titled "Abuse" with a revision date of March 2012, does not identify the training and retraining requirements for all staff in the area of 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. [O. Reg 79/10, s.96 (e)(i)]

Issued on this 27th day of March, 2012

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

Jessica Lapensée