



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévus 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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 17, 22, 23, Mar 13, 14, 23, Apr 3, 2012	2012_064167_0004	Critical Incident

Licensee/Titulaire de permis

PARKVIEW MEADOWS CHRISTIAN RETIREMENT VILLAGE
72 Town Centre Drive, Townsend, ON, N0A-1S0

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

GARDENVIEW LONG TERM CARE HOME
72 Town Centre Drive, Townsend, ON, N0A-1S0

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

MARILYN TONE (167)

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 Chief Executive Officer(CEO)/Director of Care, the Assistant Director of Care, the Registered Nurse who was in charge on the shift when the incident occurred, personal support worker staff working on the unit where the resident resides and who had knowledge of the incident, the resident involved in the incident related to inspection Log # H-00320-12.

During the course of the inspection, the inspector(s) conducted a review of the health file for the resident involved in the incident, reviewed the home's policies and procedures related to Abuse and Neglect, use of the sit/stand lift, records related to training on Abuse and Neglect for staff and the home's investigation notes into the incident.

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. 19. Duty to protect
Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee did not protect the identified resident from verbal and physical abuse by a staff member.

On the day of the incident involving the identified resident, two Personal Support Workers (PSWs) were transferring the resident with a sit/stand lift. One of the PSWs was observed to be physically and verbally abusive towards the identified resident when the resident required repositioning on the lift. The resident sustained an injury related to the incident.

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 to ensure that all residents at the home are protected from abuse by anyone., to be implemented voluntarily.

WN #2: 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 policy related to Abuse Prevention dated as revised in July 2011 does not include:

- an explanation of the duty under section 24 of the Act to make mandatory reports related to abuse.
- contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents
- set out the consequences for those who abuse or neglect residents

The CEO/Director of Care was not able to provide a version of the Abuse Prevention Policy that included this information.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee did not notify the Director of the alleged staff to resident abuse immediately as required.

The incident of abuse involving the identified resident was not reported to the Charge Nurse or the Assistant Director of Care until two days after the incident occurred and the License did not notify the Director until six days after they became aware that the incident occurred.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following subsections:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits saillants :



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1. The licensee did not ensure that staff at the home received training in the area of mandatory reporting under section 24 of the Act.

The home's training related to mandatory reporting did not include time lines for reporting as per section 24 of the Act. The training slide deck provided to staff in October 2011 indicates that the Director of Care will notify the Ministry's Regional Office by telephone within 24 hours of having determined that abuse has taken place. In addition the Administrator /Director of Care will complete an Abuse Report form. The home's policy related to abuse does not provide time lines for reporting of abuse as per current legislative requirements. Under section 24 of the Act, if a person has reasonable grounds to suspect that abuse of a resident that results in harm or risk for harm to a resident has occurred, it must be immediately reported to the Director. There was also no mention of the completion of a critical incident report or the time lines for it's completion and submission.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee did not ensure that any actions taken with respect to a resident under a program , including assessments, reassessments, interventions and the resident's response to interventions are documented.

The identified resident sustained an injury related to an incident that involved an alleged staff physical and verbal abuse. There was no documentation on the resident's health file to indicate that this incident occurred nor was there any notation on the resident's health file to indicate that there was an assessment of the resident's injuries completed post incident, an assessment of their mental state and potential need for counseling related to the incident, notification of family or any other follow up documentation related to the resident's condition.

WN #6: 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 :



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1. The home's policy related to Abuse Prevention dated as revised in July 2011 does not identify 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.

The CEO/ Director of Care was unable to provide a version of the Abuse Prevention Policy that included this information.

2. The home's policy related to Abuse Prevention dated as revised in July 2011 does not include procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents. The CEO/Director of Care was not able to provide a version of the Abuse Prevention Policy that included this information.

3. The home's policy related to Abuse Prevention dated as revised in July 2011 does not include procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. The CEO/Director of Care was not able to provide a version of the Abuse Prevention Policy that included this information.

Issued on this 10th day of April, 2012

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

Marilyn Lone