



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 1, 2010	Inspection No/ d'inspection 2010_146_2909_01Oct102408	Type of Inspection/Genre d'inspection CI 2909-000028-10 H- 00359
Licensee/Titulaire Henley House Limited, 200 Ronson Drive, Suite 305, Toronto, On., M9W 5Z9		
Long-Term Care Home/Foyer de soins de longue durée The Henley House, 20 Ernest Street, St Catharines, On., L2N 7T2		
Name of Inspector(s)/Nom de l'inspecteur(s) Barb Naykalyk-Hunt #146		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical Incident inspection regarding the sexual abuse of 2 female residents by a personal support worker (PSW) student on July 22, 2010.. During the course of the inspection, the inspector spoke with: the Administrator, The Assistant Director of Care (ADOC), a nurse manager, and one registered staff. During the course of the inspection, the inspector: reviewed the health files of both residents, the home's policy regarding abuse, the social worker's notes of the post-interviews of both residents, and the administrator's notes of the home's investigation. The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.19 (1).

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.

Findings:

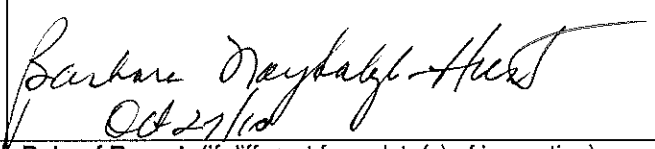
On July 22, 2010, a Personal Support Worker (PSW) student made sexual remarks to 2 female residents, about their bodies while in their respective showers and a physical gesture with a shower head to one of the residents. These words and actions were verified by a staff person witness and are considered a form of abuse.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.98

98 Every licensee of a long-term care home shall ensure that the appropriate police force is 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.

Findings:

The Administrator reports that police were not notified by the home because their interview revealed that the student did not feel she was being inappropriate or abusive.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title:		 Date of Report: (If different from date(s) of inspection).
Date:		