



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 8, 2013	2013_220111_0020	O-001055- 13	Complaint

Licensee/Titulaire de permis

INA GRAFTON GAGE HOME OF TORONTO
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

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

INA GRAFTON GAGE HOME
40 Bell Estate Road, SCARBOROUGH, ON, M1L-0E2

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 4, 5, 6, 2013

During the course of the inspection, the inspector(s) spoke with the acting Administrator, the Director of Care (DOC), Registered Nursing staff, Personal Support Staff, Physician, Resident and Family.

During the course of the inspection, the inspector(s) reviewed health record of resident, the homes investigation, employee records, staff training records, and the homes policy of Prevention of Abuse and Neglect.

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

1. The Licensee failed to ensure the care indicated in the plan was provided to Resident#1 as specified in the plan related to bathing.

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 are provided with the care as specified in the plan, to be implemented voluntarily.

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 homes policy to promote zero tolerance of abuse and neglect failed to include procedures and interventions that assist or support the resident who is abused or neglected or allegedly abused or neglected.

Review of the homes policy "Resident Abuse Prevention, Reporting & Elimination of Residents Abuse" (RC-0610-00) reviewed September 9, 2013 indicated under section B-When Resident abuse or neglect is suspected:

- If a resident has been physically abused, the registered staff will contact the physician. If the resident has sustained physical injuries, the attending physician on-call shall examine the resident as soon as possible and a medical report prepared. The registered staff will document the communication with the physician and outcome of discussion.

- Where abuse or neglect, or an incident of suspected abuse or neglect occurs, the implicated employee(s) shall immediately be suspended with pay from active duty pending the outcome of investigation.

- The supervisor or the person discovering the abuse should prepare a written report (suspected abuse/neglect report).

The policy does not address or amount to "procedures or interventions" that assist or support the resident who is abused or neglected or allegedly abused or neglected.

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 the home's policy to promote zero tolerance of abuse and neglect, contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. There was an allegation of staff to resident sexual abuse and the physician was not notified for a period of greater than 12 hours. There was no documented evidence of a written report prepared related to the allegation.

Under LTCHA, 2007, s. 20 (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

Review of the homes policy "Resident Abuse Prevention, Reporting & Elimination of Residents Abuse" (RC-0610-00) reviewed September 9, 2013 indicated under Section B-When Resident abuse or neglect is suspected:

1) If a resident has been physically abused, the registered staff will contact the physician. If the resident has sustained physical injuries, the attending physician on-call shall examine the resident as soon as possible and a medical report prepared. The registered staff will document the communication with the physician and outcome of discussion.

2) The supervisor or the person discovering the abuse should prepare a written report (suspected abuse/neglect report) containing at a minimum the following information:

- what occurred (the alleged incident)
- when it occurred
- who was involved, including witnesses
- where it occurred and the names of those in the vicinity who may be witnesses
- written statements from the witnesses and resident
- any other significant information pertaining to the resident or alleged incident.



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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 215. Criminal reference check

Specifically failed to comply with the following:

s. 215. (2) The criminal reference check must be,
(a) conducted by a police force; and O. Reg. 79/10, s. 215 (2).
(b) conducted within six months before the staff member is hired or the
volunteer is accepted by the licensee. O. Reg. 79/10, s. 215 (2).

Findings/Faits saillants :

1. Review of an employee record indicated the police screen was completed 4 years prior to hire date with no indication of a vulnerable sector screen.
2. Review of 3 additional current employee records indicated all three employees did not have a police screen on file.

The licensee failed to ensure that a criminal record check was conducted prior to commencement of employment and within six months of the employee being hired.

Issued on this 8th day of November, 2013

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

G. Brown