



**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  
performance du système de santé**

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**Public Copy/Copie du public**

| <b>Date(s) of inspection/Date(s) de<br/>l'inspection</b> | <b>Inspection No/ No de l'inspection</b> | <b>Type of Inspection/Genre<br/>d'inspection</b> |
|----------------------------------------------------------|------------------------------------------|--------------------------------------------------|
| Oct 5, 11, 12, 14, 21, Nov 3, 10, 2011                   | 2011_083178_0019                         | Complaint                                        |

**Licensee/Titulaire de permis**

DON MILLS FOUNDATION FOR SENIORS  
1 Overland Drive, TORONTO, ON, M3C-2C3

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

THOMPSON HOUSE  
1 OVERLAND DRIVE, NORTH YORK, ON, M3C-2C3

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

SUSAN LUI (178)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing (DON), Clinical Coordinator, Food Services Manager, Registered staff, personal support workers (PSW's), housekeeping staff, residents, and complainant.

During the course of the inspection, the inspector(s) reviewed home policies, reviewed resident records, observed provision of care and dining.

The following Inspection Protocols were used during this inspection:

Dining Observation

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. 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).

**s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).**

**Findings/Faits saillants :**

1. Policy to promote zero tolerance of abuse and neglect (Policy numbers AD01-009, 010, 011, 012 and 018) is not posted within the home, making it inaccessible to residents and substitute decision makers.  
[s.20(3)]
2. Policies for Resident Abuse (#N001-013) and Resident Abuse Investigation and Reporting (#AD01-011) do not contain an explanation of the duty under section 24 in the Act to make mandatory reports.  
[s.20(2)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures**

**Specifically failed to comply with the following subsections:**

- s. 75. (2) The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age. 2007, c. 8, s. 75. (2).**

**Findings/Faits saillants :**

1. Criminal reference checks are not being conducted on all volunteers over 18 years of age. The home's Director of Nursing (DON) confirmed on Oct 12, 2011 that Taylor Place, the agency which provides the volunteers for the home, has not been conducting criminal reference checks on all volunteers who assist within the home. [s.75.(2)]

The DON stated that the agency has been informed of this regulation, and in future will conduct criminal reference checks on all volunteers working in the home.

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**WN #3: 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).

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**Findings/Faits saillants :**

1. Staff has not received training in the area of whistle-blowing protections afforded under section 26 of the Act. [s.76.(2)5.]

The home's Clinical Coordinator stated that she will be conducting this training with the staff this year.

2. The abuse prevention training provided by the home does not include training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident.

[s.76.(2)4.]

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**WN #4: 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.

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**Findings/Faits saillants :**

1. The home's written policies to promote zero tolerance of abuse and neglect do not identify 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,This information is not present in any of the following policies: Resident Abuse (#AD01-009), Education and Awareness on Prevention of Resident Abuse (#AD01-010), Resident Abuse Investigation and Reporting (#AD01-011). [r.96.(e)]
2. The home's Resident Abuse (#AD01-009), Education and Awareness on Prevention of Resident Abuse (#AD01-010), or Resident Abuse Investigation and Reporting (#AD01-011) policies do not identify measures and strategies to prevent abuse and neglect.  
[r.96.(c)]
3. Policies for Resident Abuse (#AD01-009 (N001-013)), Education and Awareness on Prevention of Resident Abuse (#AD01-010), or Resident Abuse Investigation and Reporting (#AD01-011) do not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents.  
[r.96.(b)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation**

Every licensee of a long-term care home shall ensure,

- (a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- (d) that the changes and improvements under clause (b) are promptly implemented; and
- (e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

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**Findings/Faits saillants :**

1. The home's policy to promote zero tolerance of abuse and neglect (Policy numbers AD01-009, 010, 011 and 012) is not evaluated every year to determine effectiveness, as confirmed by the Director of Nursing (DON). [r.99.(b)]

**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 policies to promote zero tolerance of abuse and neglect are evaluated every year to determine their effectiveness, to be implemented voluntarily.*

Issued on this 10th day of November, 2011



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

*Jusien Jui (178)*