



**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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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 20, 2010	2010-173-2784-19aug112549	H00514 Critical Incident Inspection
Licensee/Titulaire Barton Retirement Inc., 1430 Upper Wellington St. Hamilton, Ontario L9A 5H3		
Long-Term Care Home/Foyer de soins de longue durée The Wellington Nursing Home , 1430 Upper Wellington St. Hamilton, Ontario L9A 5H3		
Name of Inspector(s)/Nom de l'inspecteur(s) Lesa Wulff – LTC Inspector #173 – Nursing		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical Incident report inspection related to allegations of verbal and physical abuse. During the course of the inspection, the inspector spoke with: Director of Care, Nurse Clinician, Registered staff, Resident Assessment Instrument coordinator, Personal Support workers and residents. During the course of the inspection, the inspector: conducted a review of the clinical records, Resident Assessment Instrument – Minimum Data Set assessments and Resident Assessment Protocols, observed interactions of staff with residents. Conducted interviews with residents and staff as required. The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect Inspection Protocol. ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: [2] WN [2] VPC		

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 LTCHA, 2007, S.O.2007, c.8, s.3(1)2

3(1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to be protected from abuse.

Findings:

1. An identified resident residing in the home brought forward allegations of rough handling during care, as well as accusations of both verbal and physical abuse by a staff member.
2. Allegations were confirmed during the internal investigation conducted by the home. The staff member was terminated as a result.

Inspector ID #: 173

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 related to protecting residents from abuse in the home to be implemented voluntarily.

WN #2: The Licensee has failed to comply O.Reg 79/10, s8(1)b
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,
(b)and is complied with.

Findings:

1. **Director of Care did not follow homes policy and procedure in the investigation of alleged abuse. Written statements were not taken by Director of Care, and forms provided for by the home's policy were not used.**
2. **Registered staff member on duty the night of the incident, called the Director of Care, but did not document if the Personal Support Worker was approached, sent home pending investigation or any other measures taken to ensure the safety of the resident.**
3. **Review of the home's abuse policy records could not be produced during this inspection. Two staff interviewed indicated that they had not received a review of the homes abuse policy within the last year.**

Inspector ID #: 173

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 related to the home ensuring that policy related to abuse is complied with, to be implemented voluntarily.

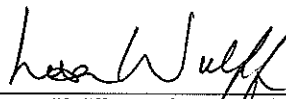
Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

**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:

Date of Report: (if different from date(s) of inspection).



Oct 12/10