



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

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

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

**Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 11, 2019	2019_565647_0010	006872-19, 006893-19	Follow up

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**Licensee/Titulaire de permis**

Board of Management for the District of Parry Sound West  
21 Belvedere Avenue PARRY SOUND ON P2A 2A2

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

Belvedere Heights  
21 Belvedere Avenue PARRY SOUND ON P2A 2A2

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

JENNIFER BROWN (647)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): June 3 - 6, 2019.**

**The following intakes were completed in this Follow up Inspection:**

**-one related to CO #001 from Inspection Report #2019\_615609\_0010, s. 20. (1) of the Long Term Care Homes Act (LTCHA)2007, specific to ensuring the home's written policy that promoted zero tolerance of abuse and neglect of residents was complied with, and**

**-one related to CO #001 from Inspection Report #2019\_615609\_0009, r. 75. (2) of the Ontario Regulations 79/10, specific to the Nutrition Manager.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Nutrition Manager and residents.**

**During the course of the inspection, the Inspector also conducted a daily tour of the resident care areas, observed staff to resident interactions and the provisions of care, reviewed training documents, and policies and procedures.**

**Ad-hoc notes were used during this inspection.**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #001	2019_615609_0010		647
O.Reg 79/10 s. 75. (2)	CO #001	2019_615609_0009		647

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that as a condition of every license, the licensee complied with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Compliance order #001 had been served to the licensee on March 27, 2019, from inspection #2019\_615609\_0010 related to s. 20. (1).

Compliance order #001 stated the licensee must be compliant with s. 20. (1) of the Long Term Care Homes Act (LTCHA)2007.

Specifically, the licensee must:

- (a) Implement a system to monitor Registered Nurse (RN) #109 to ensure no resident is abused or neglected by them,
- (b) Retrain Personal Support Worker (PSW) #107 and #108 in the home's zero tolerance of abuse policy to ensure any suspicion of abuse or neglect of a resident is immediately reported as required.

The licensee failed to complete part (b) of CO #001:

During a record review of the employee files for PSW #107 and #108, the Inspector was unable to locate evidence to support the completion of the education as specified in the compliance order. During this same record review, the Inspector had located education records that indicated PSW's #107 and #108 had completed training related to the



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home's zero tolerance of abuse policy during the previous year, which was prior to the compliance order being served to the licensee.

The Inspector attempted to contact PSW #107 during this inspection and they were not available. The Inspector was able to interview PSW #108. During this interview PSW #108 recalled the incident and indicated to the Inspector that they had never received retraining on the home's zero tolerance of abuse and neglect policy, and the PSW further indicated to the Inspector that the Inspector had been the first person to speak with them about it.

The Administrator confirmed during an interview, that the retraining of the zero abuse policy to ensure any suspicions of abuse or neglect of a resident was immediately reported as required had not been completed. The Administrator acknowledged the compliance due date of April 3, 2019, however continued to state that since the education had recently been completed, they did not feel it was necessary to redo. [s. 101. (3)]

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**Issued on this 11th day of June, 2019**

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

**Original report signed by the inspector.**