

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Sudbury Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 10, 2020	2020_745690_0019	019332-20, 020172- 20, 023081-20	Critical Incident System

Licensee/Titulaire de permisBoard of Management for the District of Parry Sound West
21 Belvedere Avenue Parry Sound ON P2A 2A2**Long-Term Care Home/Foyer de soins de longue durée**Belvedere Heights
21 Belvedere Avenue Parry Sound ON P2A 2A2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TRACY MUCHMAKER (690)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 30-December 4, 2020.

The following intakes were inspected upon during this Critical Incident System inspection:

- Two Logs, which were related to critical incidents that the home submitted to the Director related to incidents of Improper/Incompetent treatment of a resident that resulted in harm or risk of harm,**
- One log, which was a critical incident that the home submitted to the Director related to an allegation of staff to resident emotional abuse.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Prevention of Abuse, Neglect and Retaliation**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>

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:

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. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the policy to promote zero tolerance of resident abuse and neglect was complied with.

A report was made to the Ministry of Long Term Care (MLTC) after hours reporting line by the Administrator on an identified date, related to an allegation of improper/incompetent care of a resident. A staff member, reported concerns the following day to the Administrator related to the care of three residents that occurred the previous day. [s. 20. (1)]

2. A Critical Incident (CI) report was submitted to the Director related to an allegation of staff to resident emotional abuse on an identified date. A staff member placed a note in the Director of Care mailbox related to an allegation of abuse towards a resident. The DOC did not receive the note until three days later, when they returned to work.

The home's policy indicated that any person who had reasonable grounds to suspect abuse of a resident was to immediately report the suspicion and information on which it was based to the Registered Nurse, Director of Nursing, Assistant Director of Nursing, or the Administrator. The policy further indicated allegations of abuse were to be reported to the Director immediately.

The Administrator acknowledged that the home's abuse policy was not complied with and that the staff member did not immediately report their concerns and that they should have.

Sources: Policy titled "Prevention of Abuse and Neglect ZERO tolerance PER-2300", dated February 2020, staff interviews, and the home's internal investigation notes. [s. 20. (1)]

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 policy to promote zero tolerance of resident abuse and neglect is complied with, to be implemented voluntarily.

Issued on this 11th day of December, 2020

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

Original report signed by the inspector.