

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Sudbury Service Area Office
159 Cedar St, Suite 403
Canada, ON, P3E 6A5
Telephone: (800) 663-6965
sudburysao.moh@ontario.ca

Original Public Report	
Report Issue Date: October 21, 2022	
Inspection Number: 2022-1530-0001	
Inspection Type: Complaint Critical Incident (CI) System	
Licensee: Board of Management for the District of Parry Sound West	
Long Term Care Home and City: Belvedere Heights, Parry Sound	
Lead Inspector Chad Camps (609)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): September 26-30, 2022.

The following intake(s) were inspected:

- One intake related to a resident who fell with injury;
- One intake related to allegations of neglect of a resident; and
- One intake related to allegations of abuse of a resident.

The following **Inspection Protocols** were used during this inspection:

Prevention of Abuse and Neglect
Infection Prevention and Control

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Rationale and Summary

As a result of care concerns related to a resident exhibiting responsive behaviours, the Administrator revised the resident's plan of care with additional interventions and services.

The Administrator admitted that the resident's substitute decision-maker (SDM) was not given an opportunity to participate in the development and implementation of the revisions that they made to the resident's plan of care and should have been.

The SDM's lack of opportunity to participate in the revisions to the resident's plan of care presented low risk to the resident.

Sources: Interviews with the Administrator and other staff, email correspondence from the Environmental Services Manager (ESM), a resident's progress notes and plan of care, and the home's policy titled "Resident Care Plan Protocol" policy #NR G 502 effective July 2017. [609]

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

The licensee has failed to ensure that staff complied with the home's abuse policy.

Rationale and Summary

Two staff members were aware of allegations of abuse of residents by another staff member which they did not immediately report to the home.

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The Administrator verified that the two staff members did not comply with the home's abuse policy when they failed to immediately report allegations of abuse of residents to the home.

The failure of the two staff members to immediately report allegations of abuse of residents, delayed the home's ability to respond to the allegations which presented moderate risk of harm to residents.

Sources: Interview with the Administrator, the home's internal investigation, staff training records, the home's abuse policy titled "Prevention of Abuse and Neglect" policy #Pers-2300 effective April 2022, and a Critical Incident report. [609]

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 12 (1) 3

The licensee has failed to ensure that one of the home area's clean utility room doors was kept closed and locked when not being supervised by staff.

Rationale and Summary

The Inspector observed a wide-open door to one of the home's clean utility rooms which was unsupervised, despite a large sign indicating that the door was to be kept closed. Inside, chemicals were stored, which included hand sanitizer.

Housekeeping and registered staff as well as the Assistant Director of Care (ADOC) and the Director of Care (DOC) all verified that the clean utility room door should have been kept closed and locked when not being used by staff.

The home's open and unsupervised clean utility room presented moderate risk to residents.

Sources: Observations of a home area clean utility room and interviews with the ADOC, DOC and other staff.

COMPLIANCE ORDER CO #001 Duty to protect

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NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

The Inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee has failed to comply with FLTCA, 2021, s. 24. (1).

The licensee shall:

- a) Implement a daily auditing process to ensure that staff are verifying the safety of every resident in the home at an hourly minimum. The auditing process must ensure all staff are aware of the requirement for hourly safety checks on residents as well as the requirement for accurate documentation that the checks did or did not occur.
- b) The auditing process will continue for two weeks post-compliance due date to support sustainability, or longer if concerns are identified.
- c) The home will maintain a complete record of the audits as well as any actions the home implements to address concerns identified through the auditing process.

Grounds

The licensee has failed to ensure that registered and personal support staff did not neglect a resident.

Rationale and Summary

As per Ontario Regulation 246/22 neglect means the failure to provide a resident with the treatment, care, services, or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Staff found a resident who had fallen and injured themselves. During the home's investigation, it was identified that hourly checks had not been completed on the resident.

Personal support staff admitted they did not check hourly because they were unaware at the

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time of the home's policy to conduct hourly checks on residents. This was despite having previously completed orientation training.

Personal support and registered staff's neglect of the resident presented high risk of harm to the resident.

Sources: Interviews with the Administrator and other staff, a resident's health care records, the home's internal investigation notes, a CI report, the home's policy titled "Prevention of Abuse and Neglect" policy #Pers-2300 effective April 2022 and personal support and registered staff Human Resource (HR) files. [609]

This order must be complied with by November 15, 2022.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.