



**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 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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 22, 2017	2017_420643_0002	029056-16	Complaint

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**Licensee/Titulaire de permis**

COPERNICUS LODGE  
66 RONCESVALLES AVENUE TORONTO ON M6R 3A7

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

COPERNICUS LODGE  
66 RONCESVALLES AVENUE TORONTO ON M6R 3A7

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

ADAM DICKEY (643)

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

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

**This inspection was conducted on the following date(s): January 23, 24, 25,26,27, 31, February 1 and 3, 2017.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Education Coordinator, Assistant Director of Care (ADOC), Director of Care (DOC), Acting Executive Director (AED), and Power of Attorney (POA).**

**During the course of the inspection, the inspector conducted observations in home and resident areas, reviewed the home's policies and procedures, and resident health records.**

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

**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)**

**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>Legendé</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).**

**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; 2007, c. 8, s. 20 (2).**

**(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**

**(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**

**(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**

**(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**

**(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**

**(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**

**(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that there was in place a written policy to promote zero tolerance of abuse and neglect of residents and that the policy was complied with.

Review of an anonymous complaint made to the Ministry of Health and Long-Term Care (MOHLTC) revealed an allegation of abuse towards resident #001.

Review of the home's policy titled Zero Tolerance of Resident Abuse and Neglect policy number HRE007 last revised December 2014, revealed that staff of the home are instructed to immediately report to the director of care (DOC) all suspected, alleged, witnessed or actual incidents of resident abuse or neglect.



Review of a progress note from an identified date signed by RPN #105 revealed that PSW #100 and PSW #104 had been assisting resident #001 with care with resident #001's substitute decision makers (SDM) present. PSW #100 was providing identified care for resident #001 when the SDM stated the care was not good, and physically demonstrated how he/she wanted the care performed. The progress note further stated the incident was reported to the assistant director of care (ADOC).

In an interview the ADOC stated that he/she had spoken with RPN #105 the following day regarding the incident on the above mentioned identified date. The ADOC stated that RPN #105 told him/her that the SDM were present while PSW #100 and #104 were providing care, and that they were not satisfied with the care being provided by PSW #100. The ADOC stated that it was reported to him/her that one of the SDM had physically demonstrated an identified care task for resident #001 and told PSW #100 the care was not completed correctly. The ADOC further stated that he/she did not consider this to be an abusive action as described by RPN #105.

In an interview PSW #100 stated that resident #001's POA had demonstrated the care task in an abusive manner. PSW #100 stated that he/she immediately reported this incident of suspected abuse to RPN #105. PSW #100 additionally stated that he/she reported this incident to RPN #101 on the following day.

In an interview RPN #105 stated that he/she had spoken with the DOC the following day, to discuss the disagreement between the SDM and staff on the unit. RPN #105 stated it was his/her role to relay the correct information which was detailed in the progress note from the above mentioned identified date. RPN #105 further stated he/she did not believe the SDM's actions were abusive towards the resident and did not report it to the DOC as described by PSW #100.

In an interview, RPN #101 stated that he/she had received a message from PSW #100, and had a conversation with him/her the following day. RPN #101 stated that PSW #100 told him/her that resident #001's SDM had demonstrated the care task for resident #001 in an abusive manner. RPN #101 notified Police of these allegations, and did not immediately report to the DOC.

In an interview the DOC stated that it is the expectation of the home for staff members to report any alleged or suspected incidents of abuse to the DOC, who would then initiate an investigation into the incident. The DOC stated that he/she did not receive a report of allegations that resident #001's SDM had demonstrated the care task in an abusive



manner. The licensee has failed to ensure that staff of the home complied with the written policy to promote zero tolerance of abuse and neglect of residents. [s. 20. (1)]

2. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contained an explanation of the duty under section 24 of the act to make mandatory reports.

Record review of the home's policy titled Zero Tolerance of Resident Abuse and Neglect policy number HRE007 last revised December 2014, did not contain an explanation of the duty to report under LCTHA, 2007, S.O., c. 8, s. 24. (1). of the Long-Term Care homes Act, 2007. The policy states that all staff and volunteers must immediately report to the Director of Care all suspected, alleged, witnessed or actual incidents of resident abuse or neglect.

In an interview with the Acting Executive Director (AED) he/she stated that it was the expectation of the home to report immediately any suspected or alleged abuse of a resident to their supervisor, who would report to the DOC. AED further stated that the DOC would then take the information and report to the Director of the Ministry of Health and Long-Term Care (MOHLTC) the information which the suspicion is based on. AED confirmed that the home's policy did not specifically contain an explanation of the duty under section 24 of the act to make mandatory reports. [s. 20. (2)]

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**Issued on this 27th day of February, 2017**

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

**Original report signed by the inspector.**