Ontario

**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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| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Nov 23, 2016 | 2016_168202_0020 | 003850-15 | Critical Incident System |

## Licensee/Titulaire de permis

City of Toronto
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

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

CUMMER LODGE
205 CUMMER AVENUE NORTH YORK ON M2M 2E8

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

VALERIE JOHNSTON (202)

## 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 02, 03, 04, 07, 2016.**

**The Critical Incident System inspection #003850-15, was in relation to resident to resident sexual abuse.**

**During the course of the inspection, the inspector(s) spoke with Director of Care, Nurse Manager, Registered Nursing staff, Personal Care Aides.**

**During the course of the inspection, the inspector: reviewed clinical records, reviewed the home's abuse and neglect policy, and conducted observations on home areas relevant to the inspection.**

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

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

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

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all residents are protected from abuse by anyone and free from neglect by the licensee or staff in the home.

The Long Term Care Homes Act, 2007. O. Reg 79/10 s. 2 (1) defines "sexual abuse" as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

The home submitted three Critical Incident Reports (CIS) on three identified dates and times, indicating that resident #001 had demonstrated identified inappropriate responsive behaviours towards residents #002, #003 and #004.

A review of resident #001's clinical records indicated that resident #001 had been admitted to the the home on an identified date in 2011. The resident had been identified as cognitively impaired and had exhibited inappropriate responsive behaviours prior to admission. The records further indicated that on an identified date, the resident was transferred to another home area as the resident no longer expressed inappropriate responsive behaviours.

A review of resident #001's progress notes and incident notes from admission to current, revealed three incidents of inappropriate responsive behaviours toward residents #002, #003 and #004 within a two day period of time.

The progress notes indicated that one to one staffing had been instituted following the third incident with resident #002.

The clinical records for resident's #002, #003 and #004 were reviewed and indicated that all three residents were cognitively impaired.

Interviews with RNs #100, 101, PCAs #102, 103 and NM #106 indicated that resident #001 had been identified with inappropriate responsive behaviours from the time of his/her admission. The staff further indicated that resident #001's inappropriate responsive behaviours had subsided and had been manageable until the above mentioned incidents occurred, when his/her responsive behaviours were noted to escalate. The staff confirmed that residents #002, #003, #004 had been subject to sexual abuse by resident #001 on the above mentioned dates as all three residents would not have been able to provide consent to resident #001. [s. 19. (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 all residents are protected from abuse by anyone and free from neglect by the licensee or staff in the home, to be implemented voluntarily.***

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**Issued on this 9th day of December, 2016**

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

**Original report signed by the inspector.**