



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

**Rapport d'inspection  
prévue le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Toronto Service Area Office  
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**Ministère de la Santé et des Soins de  
longue durée**

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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> December 21, 2010	<b>Inspection No/ d'inspection</b> 2010_152_9512_21Dec094158	<b>Type of Inspection/Genre d'inspection</b> Complaint Log #2870
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**Licensee/Titulaire**  
Toronto Long-Term Care Homes and Services  
55 John Street  
Metro Hall, 11th Floor  
Toronto, Ontario  
M5V 3C6  
Fax- 416-392-4180

**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(s)**  
Rosemary Lam (132) and Catherine Palmer (152)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection regarding resident to resident abuse and insufficient staffing.

During the course of the inspection, the inspectors spoke with director of nursing, administrator, the home's corporate nursing and compliance manager, registered staff.

During the course of the inspection, the inspectors reviewed the home's staffing for nursing care, reviewed resident's health records, interviewed staff, observed resident.

The following Inspection Protocols were used in part or in whole during this inspection:

Sufficient Staffing Inspection Protocol  
Responsive Behaviours Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN  
1 VPC

### NON-COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 24 (1) 2 A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the director: 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

#### Findings:

The licensee failed to report to the director two incidents of resident to resident physical abuse on two occasions. The victim sustained superficial cuts on his face and a skin tear. According to the Long-Term Care Homes Act, 2007- O. Reg. 79/10 definitions, physical abuse includes the use of physical force by a resident

that causes physical injury to another resident.

Inspector ID #: 132 and 152

**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 home immediately reports to the director the use of physical force by a resident that causes physical injury to another resident, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

*Cathy Palmer*

Title: Date:

Date of Report: (if different from date(s) of inspection).

*January 24, 2011.*