



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

**Rapport d'inspection
prevue 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

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 29, 2011	2011-120-9516-29Mar095353	Critical Incident – H-00333-11

Licensee/Titulaire

Corporation of the County of Dufferin, 151 Centre Street, Shelburne, ON L0N 1S4

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

Dufferin Oaks, 151 Centre Street, Shelburne, ON L0N 1S4

Name of Inspector(s)/Nom de l'inspecteur(s)

Bernadette Susnik - Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up to a Critical Incident Report that was submitted to the Ministry of Health and Long-term Care regarding staff to resident verbal abuse.

During the course of the inspection, the inspector spoke with the acting administrator, assistant director of care and personal support workers. During the course of the inspection, the inspector saw the resident, reviewed the home's abuse policy and procedure, the home's investigative records, staff training materials on abuse and the resident's plan of care.

The following Inspection Protocol was used during this inspection:

- *Prevention of Abuse, Neglect and Retaliation*

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

2 WN



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'exigences prévue le paragraph 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 the LTCHA, 2007, S.O., 2007, c.8, s.24(1). 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.

Findings:

An identified resident was verbally abused by a staff member that was witnessed by two other staff members. The incident was reported by the staff members who observed the incident to the Assistant Director of Care on the same date, however the incident was not reported immediately.

WN #2: The licensee has failed to comply with the LTCHA, 2007, S.O., 2007, c.8, s.19. 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.

Findings:

An identified resident was verbally abused by a staff member. The verbal abuse was witnessed by 2 other staff members. Resident records and staff documentation were reviewed and interviews conducted that confirm that the incident occurred and as a result, the staff member was terminated.

Signature of Licensee of Designated Representative
 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.

Title: Date:

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

April 29/11