

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Sudbury Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 13, 2021	2021_615759_0007	003221-21, 003734- 21, 003736-21	Critical Incident System

Licensee/Titulaire de permisValley East Long Term Care Centre Inc.
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1**Long-Term Care Home/Foyer de soins de longue durée**Elizabeth Centre
2100 Main Street Val Caron ON P3N 1S7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KEARA CRONIN (759), MICHELLE BERARDI (679), SYLVIE BYRNES (627)

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): March 22-26, March 29-31, April 1, 6-7, 2021.

The following intakes were inspected upon during this Critical Incident Inspection:

- One intake related to an alleged incident of neglect of a resident;**
- Two intakes related to alleged resident to resident sexual abuse.**

Complaint Inspection #2021_615759_0008 and Follow Up Inspection #2021_615759_0009 were conducted concurrently with this inspection.

Non-compliance related to s. 8. (1)(b) of the O. Reg. 79/10, was identified in this inspection and has been issued in Complaint Inspection Report #2021_615759_0008, which was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Care (DOC), Co-DOCs, Staff Education Coordinators, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Restorative Care Manager, Resident and Family Services Coordinator, physician, Behavioural Supports Ontario (BSO) Lead, Companions, Screeners, Housekeeping Supervisor, and residents.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed infection prevention and control (IPAC) practices, reviewed relevant health care records, reviewed the home's internal investigation notes, and reviewed licensee policies and procedures.

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

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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	
<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>Légende</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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy to promote zero tolerance of resident abuse and neglect was complied with, related to an incident involving a resident.

The home's policy titled "Resident Rights, Care And Services- Abuse- Zero Tolerance Policy for Resident Abuse and Neglect" last revised June 20, 2020, indicated that Jarlette Health Services had implemented a zero tolerance policy for abuse and neglect, and that staff were to uphold the rights of residents of long-term care facilities to be treated with dignity and respect within those facilities, and to live free from abuse and neglect.

A Critical Incident System (CIS) report was submitted to the Director for an allegation of staff to resident neglect. The CIS report indicated that a resident experienced a change in condition and that an RPN paged an RN requesting assistance but, the RN refused to assist.

A letter issued to the RN indicated that their failure to respond and attend to the resident in a timely manner put the resident at further risk.

In an interview with the Acting Administrator, they indicated that the RN did not do what would have been expected of the charge nurse and that the RN should have provided assistance when it was requested.

Sources: "Resident Rights, Care And Services- Abuse- Zero Tolerance Policy for Resident Abuse and Neglect" policy last revised June 20, 2020; A review of a resident's medical records: including progress notes, care plan and assessments; A CIS Report; The home's internal investigation notes; Interviews with the Acting Administrator, a Staff Educator and other staff. [s. 20. (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 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, to be implemented voluntarily.

Issued on this 20th day of May, 2021

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

Original report signed by the inspector.