



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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**Public Copy/Copie du public**

<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 28, 2014	2014_282543_0007	S-000053-14	Complaint

**Licensee/Titulaire de permis**

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE FALCONBRIDGE  
281 FALCONBRIDGE ROAD, SUDBURY, ON, P3A-5K4

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

TIFFANY BOUCHER (543)

**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): February 27th, 2014**

**The following log was reviewed as part of this inspection: S-000053-14 related to IL 31707-SU and IL 31741-SU.**

**During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Care, Assistant Director of Care, Registered Nurse(s), Registered Practical Nurse(s), Personal Support Worker(s), Behavioural Support Staff and Activity Worker(s)**

**During the course of the inspection, the inspector(s)**  
**-Directly observed the delivery of care and services to residents.**  
**-Conducted daily tours of all resident home areas**  
**-Reviewed staff education events**  
**-Reviewed resident health care records**  
**-Reviewed various home policies and procedures**

**\*The Responsive Behaviours inspection protocol was opened in error.**

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

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.)  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.  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. 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 :**



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1. Inspector #543 reviewed the Home's Policy- Resident Abuse by Persons Other than Staff (OPER-02-02-04) and the policy states that abuse includes financial abuse, sexual abuse, physical abuse, emotional abuse and verbal abuse or neglect. The home's policy defines resident to resident sexual abuse as any non-consensual touching, behaviour or remarks of a sexual or sexually exploitative nature that is directed towards a resident by a person other than staff. The home's policy instructs, to immediately report any suspected or witnessed abuse to the Administrator, Director of Care (DOC), or their designate. If circumstances are unsafe, or if a criminal offence has occurred to contact police immediately. The above mentioned policy also advises to immediately notify the resident's medical practitioner, the resident's substitute decision maker (SDM), if any and family as well as any person or body required by law.

Inspector #543 reviewed documentation in resident #001's health care record. It was noted that in February, 2014 at 1900hrs, resident #001 was found in bed with resident #002, resident #001 was inappropriately touching resident #002. Documentation provided to inspector #543 by the home, revealed that the incident occurred at 1900hrs but SDM was not notified until 2126hrs. The Assistant Director of Care (ADOC) was notified by staff of the incident at 2130hrs. The home received a call from resident #002's SDM requesting that Management contact them regarding the incident that occurred earlier in the evening. At 2310hrs it was documented that the ADOC instructed the nurse to contact police as per SDM's request. It was also documented that the physician would be notified (no specific time was identified) of incident and a thorough physical examination would be requested.

Consequently, the licensee did not ensure the policy that promotes zero tolerance of abuse and neglect, Resident Abuse by Persons Other than Staff (OPER-02-02-04) was complied with. [s. 20. (1)]



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**Issued on this 28th day of February, 2014**

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

*Tiffany Buchler*  
*(#543)*

