



**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

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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

Date(s) of inspection/Date de l'inspection May 26, 27, & June 14, 2011	Inspection No/ 2011_116_2556_27May105053	Type of Inspection/Genre d'inspection Critical Incident Log#T1127-11
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Licensee/Titulaire
Chartwell Master Care LP
100 Milverton Drive, Suite 700 Mississauga, ON L5R 4H1

Long-Term Care Home/Foyer de soins de longue durée
The Gibson Long Term Care Centre, 1925 Steeles Avenue East, North York, ON M2H 2H3

Name of Inspector/Nom de l'inspecteur
Saran Daniel-Dodd, Inspector 116 & Tiina Tralman, Inspector 162

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection regarding alleged abuse.

During the course of the inspection, the inspector(s) spoke with: The Administrator, Director of Clinical Services, Director of Resident Services, resident a resident, registered staff and direct care staff.

- During the course of the inspection, the inspector(s):
- Conducted a walk through of resident home areas and common areas
 - Reviewed health care record of a resident
 - Reviewed the home's Abuse Prevention Program and policies and procedures
 - Reviewed in-service education program provided to staff related to Licensee policies

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse, Neglect and Retaliation

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:

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur la *Loi de 2007 les foyers de soins de longue durée* a trouvé. (Une exigence dans la 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 s. 76 (2) 3. Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.**

Findings:

- Zero tolerance for abuse in-service was last conducted in August, 2010.
- Not all staff members attended the mandatory training on zero tolerance for abuse that was conducted in August, 2010

Inspector ID #: 116 & 162

Additional Required Actions:

VPC- pursuant to the *Licensees 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 staff at the home receive training on the long term care home's policy to promote zero tolerance of abuse and neglect to residents prior to performing their responsibilities, 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.

Title:

Date:

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

[Signature]
July 5, 2011