



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 prévue le Loi de 2007 les foyers de soins de longue

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 performance et de la conformité

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jan 25, 30, Feb 1, 2, 6, 8, 9, 2012; 2012\_07649\_0002; Follow up

Licensee/Titulaire de permis

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(s)/Nom de l'inspecteur ou des inspecteurs

BAMBO OLUWADIMU (149)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Volunteer Coordinator, Personal Support Workers (PSWs), the receptionist and a Dietary aide.

During the course of the inspection, the inspector(s) observed staff to resident interaction, reviewed home's policy to promote zero tolerance of abuse and neglect of residents, and reviewed 2011 staff education binder.

Follow up inspection to Compliance Order # 001 issued during inspection # 2011\_079116\_0009.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

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.)	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.)
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 76. Training**  
**Specifically failed to comply with the following subsections:**

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

**Findings/Faits saillants :**

1. Licensee did not ensure that staff who have received training under subsection (2) received retraining annually on home's policy to promote zero tolerance of abuse and neglect of residents.  
On January 25, 2012, the Director of Care reported to the inspector that the home did not have a system in place to ensure that all staff receive mandatory retraining annually [s. 76 (4)].
2. On January 25, 2012, the Director of Care reported to the inspector that training information is attached to staff's pay stubs when staff miss any training [s. 76 (4)].
3. On January 25, 2012, the Director of Care was unable to identify staff who received training and staff who did not receive training on the licensee's policy to promote zero tolerance of abuse and neglect of residents in 2011 [s. 76 (4)].
4. Licensee did not ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training on the duty under section 24 to make mandatory reports and the protections afforded by section 26 of the Act. Training presentation on licensee's policy to promote zero tolerance of abuse and neglect of residents did not contain information on mandatory reporting under section 24 of the Act and whistle-blowing protections afforded under section 26 of the Act [s. 76 (2) 4, 5].
5. The licensee's policy to promote zero tolerance of abuse and neglect of residents did not contain an explanation of the duty to make mandatory reports under section 24 of the Act [s. 76 (2) 4].
6. The following staff members reported to the inspector that they did not receive training and were not aware of mandatory reporting according to section 24 of the Act:
  - a. PSW A
  - b. Receptionist
  - c. Volunteer Coordinator
  - d. Dietary Aide
  - e. PSW B
  - f. PSW C [s. 76 (2) 4]
7. The following staff members reported to inspector that they did not receive training and were not aware of the protections afforded under section 26 of the Act:
  - a. PSW A
  - b. Dietary Aide
  - c. PSW B [s. 76 (2) 5]

**Additional Required Actions:**

**CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #2: 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 subsections:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
- (a) shall provide that abuse and neglect are not to be tolerated;
  - (b) shall clearly set out what constitutes abuse and neglect;
  - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
  - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;
  - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
  - (f) shall set out the consequences for those who abuse or neglect residents;
  - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
  - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

**Findings/Faits saillants :**

1. The licensee policy to promote zero tolerance of abuse and neglect of residents did not contain an explanation of the duty under section 24 to make mandatory reports. The following staff members were not aware of mandatory reporting according to section 24 of the Act:

- a. PSW A
- b. Receptionist
- c. Volunteer Coordinator
- d. Dietary Aide
- e. PSW B
- f. PSW C [s. 20 (2)].

2. The licensee's policy # LTCE-RCA-E-002 NUR-II-02 (Resident Abuse Policy), does not contain an explanation of the duty under section 24 of the Act to make mandatory reports [s. 20 (2)].

**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 licensee's policy to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 to make mandatory reports, to be implemented voluntarily.*

Issued on this 9th day of February, 2012

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

 (149)



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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 performance et de la conformité

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	BAMBO OLUWADIMU (149 )
<b>Inspection No. / No de l'inspection :</b>	2012_07649 _0002
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	Jan 25, 30, Feb 1, 2, 6, 8, 9, 2012
<b>Licensee / Titulaire de permis :</b>	CHARTWELL MASTER CARE LP 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1
<b>LTC Home / Foyer de SLD :</b>	THE GIBSON LONG TERM CARE CENTRE 1925 STEELES AVENUE EAST, NORTH YORK, ON, M2H-2H3
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	SOILI HELPPI

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To CHARTWELL MASTER CARE LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**  
**Ordre no :** 001                      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

**Order / Ordre :**

1. The licensee shall prepare and fax to 416-327-4486 by February 27, 2012, a written plan that ensures that all current employee who have received training under subsection (2) receive retraining annually.
2. The licensee shall implement the written plan to ensure that all current employee who have received training under subsection (2) receive retraining annually.

**Grounds / Motifs :**

1. Licensee did not ensure that staff who have received training under subsection (2) receive retraining annually on home's policy to promote zero tolerance of abuse and neglect of residents:
  - a. On January 25, 2012, the Director of Care reported to the inspector that home did not have a system in place to ensure that all staff receive mandatory retraining annually [s. 76. (4)].
  - b. On January 25, 2012, the Director of Care stated that training information is attached to staff's pay stubs when staff miss any training [s. 76. (4)].
  - c. On January 25, 2012, the Director of Care was unable to identify staff who have received training and staff who have not received training on the licensee's policy to promote zero tolerance of abuse and neglect of residents in 2011 [s. 76. (4)]. (149 )

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** May 15, 2012

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**Order # /**  
**Ordre no :** 002                      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

LTCHA, 2007 S.O. 2007, c.8, s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

**Order / Ordre :**

The licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The duty under section 24 to make mandatory reports.
2. The protections afforded by section 26. 6.

**Grounds / Motifs :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

1. Licensee's policy to promote zero tolerance of abuse and neglect of residents did not contain an explanation of the duty to make mandatory reports under section 24 of the Act [s. 76. (2) 4]. (149 )
2. Training presentation did not contain information on mandatory reporting under section 24 of the Act and whistle-blowing protections afforded under section 26 [s. 76. (2) 4, 5]. (149 )
3. The following staff members reported to inspector that they did not receive training and were not aware of the protections afforded under section 26 of the Act:

- a. PSW A
- b. Dietary Aide
- c. PSW B [s. 76. (2) 5] (149 )

4. The following staff members reported to inspector that they did not receive training and were not aware of mandatory reporting according to section 24 of the Act:

- a. PSW A
- b. Receptionist
- c. Volunteer Coordinator
- d. Dietary Aide
- e. PSW B
- f. PSW C [s. 76. (2) 4]

Previous Compliance Order #001 issued during inspection # 2011\_079116\_0009. (149 )

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**      May 15, 2012





**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 9th day of February, 2012**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

BAMBO OLUWADIMU

**Service Area Office /  
Bureau régional de services :**

Toronto Service Area Office