

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: November 16, 2023	
Inspection Number: 2023-1558-0008	
Inspection Type: Complaint Critical Incident	
Licensee: The Corporation of the County of Hastings	
Long Term Care Home and City: Hastings Manor Home for the Aged, Belleville	
Lead Inspector Anna Earle (740789)	Inspector Digital Signature
Additional Inspector(s) Carrie Deline (740788)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 30-31, 2023, and November 1-2, 6-8, 2023.

The following intake(s) were inspected:

- Intake: #00097445 - Complaint regarding lack of essential supplies, and concerns with staffing and mechanical lifts.
- Intake: #00097724 – Complaint of alleged resident neglect
- Intake: #00098229 – CI#M538-000067-23- Alleged staff to resident neglect.
- Intake: #00098519 – CI#M538-000068-23- Alleged improper transfer resulting in a resident fall.
- Intake: #00099902 – CI#M538-000075-23- Resident fall with injury.
- Intake: #00100943 – CI#M538-000082-23- Alleged staff to resident abuse.

The following intake was completed in this inspection: Intake #00096712 was related to a resident fall with injury.

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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Prevention of Abuse and Neglect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

The licensee failed to ensure their Zero Tolerance of Abuse and Neglect Program policy #F-20 was complied with by eight staff members.

Rationale and Summary

From a day in August 2023 to a day in October 2023, eight staff members witnessed and interacted verbally with each other in an online social media chat, where inappropriate confidential information about Long Term Care Home (LTCH) residents was shared without their consent.

The eight staff members failed to immediately report the information to the most senior supervisor on shift as per the licensee's Zero Tolerance of Abuse and Neglect program policy. Management, the resident's families, and the police were informed of the incident on a day in October 2023.

Failure to immediately report alleged abuse delays investigation into the incident and taking appropriate action to ensure a safe and supportive environment for residents

Sources: Critical Incident System (CIS) report # M538-000083-23, investigation documentation, Zero Tolerance of Abuse and Neglect Program policy, and an interview with the Administrator.

[740788]

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WRITTEN NOTIFICATION: Reporting

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to ensure that a suspicion of Abuse or Neglect was immediately reported to the Director.

Rationale and Summary

On a day in October 2023, the Administrator received posts on social media, made by the staff of the LTCH and were deemed as potential emotional abuse to a number of residents. This incident was not reported to the Director until a day in November 2023. The Administrator confirmed that the alleged abuse was not immediately reported to the Director.

Failure to immediately report alleged abuse delays investigation into the incident and taking appropriate action to ensure a safe and supportive environment for residents

Sources: Critical Incident System (CIS) report # M538-000082-23 and interviews with the Administrator.

[740788]

WRITTEN NOTIFICATION: Staff Retraining

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (4)

The licensee has failed to ensure that staff members received training on the long-term care home's policy to promote zero tolerance of abuse and neglect of residents annually.

Rationale and Summary

A review of a Personal Support Worker's (PSW) annual abuse training requirements, who was involved in the social media posts with potential resident emotional abuse, revealed that they had not received education on the Licensee's abuse and neglect policy since October 2021.

During an interview with the Administrator, it was confirmed that the expectation is to complete abuse and neglect education annually. The Administrator confirmed that the staff member had been away

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from the home from November 2021 and returned June 2023 at which time the education was not complete.

By not ensuring staff have annual abuse and neglect training means staff may not be aware of requirements under the policy to promote zero tolerance of abuse and neglect.

Sources: Staff education records and Interview with the Administrator.

[740788]



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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