

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: November 18, 2024
Inspection Number: 2024-1016-0006
Inspection Type: Critical Incident
Licensee: CVH (No. 2) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)
Long Term Care Home and City: Maitland Manor, Goderich

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 28, 29, 30, 31, 2024 and November 6, 2024

The inspection occurred offsite on the following date(s): November 4 and 5, 2024

The following intake(s) were inspected:

- Intake: #00127707, related to prevention of abuse and neglect.

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

Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dealing With Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

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Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that every written or verbal complaint made to the licensee or staff member related to concerns of residents was dealt with.

Rational and Summary

A written complaint was received by the home and the licensee regarding a resident and was not investigated by the former Executive Director.

A Regional Director stated the concerns had not been investigated and the home's Complaint Policy was not followed by the former ED.

When the licensee did not investigate the complaint immediately, it delayed identifying actual financial abuse of residents by staff.

Sources: Email Correspondences, complaint letter, the Home's complaint process policy, interviews with a complainant and a Regional Director.

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

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

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

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents was complied with.

Rationale and Summary

The home submitted a Critical Incident Report (CIS) to the Director after suspecting alleged financial abuse of residents.

The home's policy to promote zero tolerance of abuse and neglect required disclosure of the alleged abuse, neglect and/or unlawful conduct to be made to the resident/Substitute Decision Maker (SDM)/Power of Attorney (POA), immediately upon becoming aware of the incident.

A Regional Manager had not notified all residents involved, SDM, or POA's as per the home's policy.

Residents and/or their substitute decision makers were not informed of concerns related to their own finances as required by the homes zero tolerance of abuse and neglect policy.

Sources: Home's investigation, Critical Incident Report, Home's Southbridge Zero

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Tolerance of Abuse Neglect and Unlawful Conduct Program Policy (last reviewed August 2023) and an interview with a Regional Director.

WRITTEN NOTIFICATION: Complaints Procedure — Licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure a written complaint from a complainant related to a resident was immediately forwarded to the Director.

Rational and Summary

A written complaint was received by the home and the licensee regarding a resident and was not forwarded to the Director until a later date.

When the Director was not notified of the written complaints, it delayed their ability to respond to these allegations of financial abuse.

Sources: Critical Incident Report, email correspondences, interviews with a Regional Director.

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WRITTEN NOTIFICATION: Police Notification

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The home has failed to ensure that the appropriate police service was immediately notified of alleged incidents of financial abuse of residents that the licensee suspected was a criminal offense.

Rational and Summary

The home investigated concerns related to alleged financial abuse. There were suspicions of a criminal offense. The incident was reported to the police 13 days later.

When the licensee did not immediately report the alleged financial abuse to the police immediately, the police were delayed in initiating their own criminal investigation into the funds of multiple residents.

Sources: Email correspondences, the home's Critical Incident Report and interviews with a Regional Director.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 28 (1) 4.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

4. Misuse or misappropriation of a resident's money.

The licensee has failed to immediately report to the Director when financial abuse was suspected towards residents from the former Executive Director and the former Office Manager.

Rational and Summary

The home investigated concerns related to alleged financial abuse. There were suspicions of financial abuse. The incident was reported to the Director 13 days later.

When the home did not report allegations of residents' financial abuse to the Director immediately, it delayed their ability to respond to these allegations of financial abuse.

Sources: Critical Incident Report, home's investigation documents and interview with a Regional Director.

COMPLIANCE ORDER CO #001 Duty to protect

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse

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by anyone and shall ensure that residents are not neglected by the licensee or staff.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

- a) Identify and implement a process that establishes, the role of the Licensee/Corporate Staff when a verbal or written concern is received, to ensure that the home's management staff (Executive Director) are following the home's policy regarding, and not limited to, complaint procedures, dealing with complaints and reporting to the Director. Ensure that Corporate Staff are provided education in their role and responsibilities when they become aware of a verbal or written concern.
- b) Ensure all members of the home's management team are provided education to their role and responsibilities related to the home's abuse policy.
- d) Ensure the residents and family councils are provided education on the home's policy and process related to financial abuse, including what may constitute financial abuse of a resident and what to do if an allegation of resident financial abuse is suspected. This training should include education on what may constitute a criminal offence.
- e) A record of all the above mentioned education must be kept in the home and include who provided the training, the date and time the training was provided, attendees and outline of the course content.

Grounds

The licensee has failed to protect residents from financial abuse by the former Executive Director and the former Office Manager.

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For the purpose of this Act and Regulation, “financial abuse” means any misappropriation or misuse of a resident’s money or property”.

Rationale and Summary

The Ministry of Long-Term Care received a Critical Incident Report (CIS) related to an allegation of misappropriation of residents’ monies by two staff members.

The home completed their investigation into the residents’ Trust Accounts identifying residents missing money in their account. A Regional Director stated the only staff having access to the residents’ Trust Accounts were the former ED and the former Office Manager.

The licensee failed to protect residents from financial abuse.

Sources: CIS, home’s investigation documents, interviews with a complainant and a Regional Director.

This order must be complied with by December 13, 2024

COMPLIANCE ORDER CO #002 Trust Accounts

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 286 (7) (f)

Trust accounts

s. 286 (7) The licensee shall,

(f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident’s funds as of the date of the statement.

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**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

a) Ensure the residents and family councils are provided education of home's Trust Account process. This training should include how to understand the quarterly itemized statement. A record of this training must be kept in the home and include who provided the training, the date and time the training was provided, attendees and outline of the course content.

b) Provide the residents and family councils with a copy of the annual audit of the Resident Trust accounts when completed and request a written receipt that the annual audit was received by the two councils.

Grounds

The licensee has failed to provide residents and families, quarterly itemized written statements, including deposits and withdrawals and the balance of the residents' trust accounts.

Rationale and Summary

A family member stated they had not received quarterly itemized written statements. Two residents stated they had not received quarterly itemized written statements and were unaware of this process.

A Regional Director stated that during their investigation they had found quarterly itemized statements in the home that were never sent to residents/families and could not provide information if statements were ever sent to residents.

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When the home did not provide an itemized trust account statements to residents and families quarterly, there was missed opportunities to identify discrepancies which could have resulted in financial impact to the resident.

Sources: Interviews with a family member, two residents and a Regional Director.

This order must be complied with by December 13, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

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Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are

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established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.