



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*

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

Public Copy/Copie du public

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Name of Inspector (ID #) /  
Nom de l'inspecteur (No) : MARGOT BURNS-PROUTY (106)

Inspection No. /  
No de l'inspection : 2012\_211106\_0006

Log No. /  
Registre no: 1250, 1229, 1234

Type of Inspection /  
Genre d'inspection: Complaint

Report Date(s) /  
Date(s) du Rapport : Mar 5, 2013

Licensee /  
Titulaire de permis : THE CORPORATION OF THE CITY OF THUNDER  
BAY  
c/o Dawson Court, 523 Algoma Street North, THUNDER  
BAY, ON, P7A-5C2

LTC Home /  
Foyer de SLD : PIONEER RIDGE  
750 TUNGSTEN STREET, THUNDER BAY, ON, P7B-  
6R1

Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur : Lee Mesic  
~~CINDY JARVELA~~

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**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

To THE CORPORATION OF THE CITY OF THUNDER BAY, 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 :**

O.Reg 79/10, s. 53. (3) The licensee shall ensure that,  
(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;  
(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and  
(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 53 (3) (a). The compliance plan shall include how the licensee will ensure that the matters referred to in subsection (1) in regards to a responsive behaviour program, including written approaches to care; written strategies; resident monitoring; and protocols, are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

This plan must be submitted in writing to Inspector Margot Burns-Prouty at 159 Cedar Street, Suite 603, Sudbury ON P3E 6A5 or by fax at 1-705-564-3133 on or before June 4, 2013. Full compliance with this order shall be by June 4, 2013.

**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. One of the focuses of this inspection was regarding a resident who had out of control responsive behaviours while in the home. On December 18, 2012, inspector 106 asked staff member #S-100 to provide details of the home's Responsive Behaviour program. Staff member #S-100 reported that the home did not currently have policies in place that were specific to Responsive Behaviours and provided the "Homes Procedural Manuals" regarding "Abuse in Long Term Care", "Aggressive Behaviour - CODE WHITE" and a draft "Homes Procedural Manual", that was not currently implemented, titled "Prevention and Management of Responsive Behaviour (Residents)". The "Homes Procedural Manuals" that were currently implemented in the home do not have written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. Nor do the above "Homes Procedural Manuals" that were currently implemented contain written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours in the home. The licensee failed to ensure that the matters referred to in subsection, in regards to Responsive Behaviours, including written approaches to care; written strategies; resident monitoring; and protocols, are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. (106)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 04, 2013**



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 :** 002

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 55. Every licensee of a long-term care home shall ensure that,  
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 55 (a). The compliance plan shall include how the licensee will ensure that, procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

This plan must be submitted in writing to Inspector Margot Burns-Prouty at 159 Cedar Street, Suite 603, Sudbury ON P3E 6A5 or by fax at 1-705-564-3133 on or before June 4, 2013. Full compliance with this order shall be by June 4, 2013.

**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  
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**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. One of the focuses of this inspection was regarding a resident to resident altercation that took place in the home. On December 18, 2012, inspector 106 asked staff member #S-100 to provide details regarding the home's policies and procedures regarding resident to resident altercations. Staff member #S-100 reported that the home does not have specific policies regarding resident altercations and that it is included under the home's "Aggressive Behaviour - CODE WHITE" policy. The "Homes Procedural Manual" "Aggressive Behaviour - CODE WHITE" was reviewed, it does not contain procedures and interventions to assist resident and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimized the risk of altercations and potentially harmful interactions between and among residents. The licensee failed to ensure that procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents. (106)

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

**Vous devez vous conformer à cet ordre d'ici le : Jun 04, 2013**



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

## **REVIEW/APEAL 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  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**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

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  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
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).





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**Ministère de la Santé et  
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## **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  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 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.



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

**Order(s) of the Inspector**  
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**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

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  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 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 5th day of March, 2013**

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

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

**MARGOT BURNS-PROUTY**

**Service Area Office /**

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



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

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

**Inspection Report under the Long-Term Care Homes Act, 2007**

**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**

**Sudbury Service Area Office  
159 Cedar Street, Suite 603  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133**

**Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**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>
Mar 5, 2013	2012_211106_0006	1250, 1229, 1234	Complaint

**Licensee/Titulaire de permis**

**THE CORPORATION OF THE CITY OF THUNDER BAY  
c/o Dawson Court, 523 Algoma Street North, THUNDER BAY, ON, P7A-5C2**

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

**PIONEER RIDGE  
750 TUNGSTEN STREET, THUNDER BAY, ON, P7B-6R1**

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

**MARGOT BURNS-PROUTY (106)**

**Inspection Summary/Résumé de l'inspection**



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 18, 19, 20, 2012

Log # S-001229-12, S-001234-12, S-001250-12

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Education Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Registered Dietitian (RD), Personal Support Workers(PSW), Family Members and Residents.

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.

The following Inspection Protocols were used during this inspection: Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend: WN - Written Notification, VPC - Voluntary Plan of Correction, DR - Director Referral, CO - Compliance Order, WAO - Work and Activity Order. Legendé: 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 O.Reg 79/10, s. 53. Responsive behaviours**

**Specifically failed to comply with the following:**

**s. 53. (3) The licensee shall ensure that,**

**(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; O. Reg. 79/10, s. 53 (3).**

**(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 53 (3).**

**(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).**

**Findings/Faits saillants :**



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1. One of the focuses of this inspection was regarding a resident who had out of control responsive behaviours while in the home. On December 18, 2012, inspector 106 asked staff member #S-100 to provide details of the home's Responsive Behaviour program. Staff member #S-100 reported that the home did not currently have policies in place that were specific to Responsive Behaviours and provided the "Homes Procedural Manuals" regarding "Abuse in Long Term Care", "Aggressive Behaviour - CODE WHITE" and a draft "Homes Procedural Manual", that was not currently implemented, titled "Prevention and Management of Responsive Behaviour (Residents)". The "Homes Procedural Manuals" that were currently implemented in the home do not have written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. Nor do the above "Homes Procedural Manuals" that were currently implemented contain written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours in the home. The licensee failed to ensure that the matters referred to in subsection, in regards to Responsive Behaviours, including written approaches to care; written strategies; resident monitoring; and protocols, are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. [s. 53. (3) (a)]

***Additional Required Actions:***

***CO # - 001 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 O.Reg 79/10, s. 55. Behaviours and altercations**

**Every licensee of a long-term care home shall ensure that,**

**(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and**

**(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.**



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**Findings/Faits saillants :**

1. One of the focuses of this inspection was regarding a resident to resident altercation that took place in the home. On December 18, 2012, inspector 106 asked staff member #S-100 to provide details regarding the home's policies and procedures regarding resident to resident altercations. Staff member #S-100 reported that the home does not have specific policies regarding resident altercations and that it is included under the home's "Aggressive Behaviour - CODE WHITE" policy. The "Homes Procedural Manual" "Aggressive Behaviour - CODE WHITE" was reviewed, it does not contain procedures and interventions to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimized the risk of altercations and potentially harmful interactions between and among residents. The licensee failed to ensure that procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents. [s. 55. (a)]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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**Findings/Faits saillants :**



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1. The progress notes for 25 days for resident #002 were reviewed and there were found 26 different incidents documented where the resident was physically and/or verbally abusive towards co-residents and/or staff. The "Resident Care Flow Sheets" for resident #002 for 25 days were reviewed, resident #002 was assessed by staff as being physically abusive on 14 different days and assessed as being verbally abusive on 12 different days. The RAI MDS assessment for resident #002 was reviewed, under section E "Mood and Behaviour Patterns", the resident is assessed as being physically abusive daily. The plan of care for resident #002 contains the following interventions regarding abusive behaviours towards co-residents: "Monitor (#002) whereabouts frequently to prevent altercations with other residents"; "Remove other resident from vicinity when aggressive"; "Remove (#002) from person or situation contributing to behaviour". These interventions do not provide clear direction to staff regarding, how often to monitor the resident, the degree of the resident's aggressive behaviour towards co-residents and staff, strategies to be used by staff if resident resists redirection or strategies staff might use once resident is removed from the situation. The licensee failed to ensure that the plan of care has clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

***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 the plan of care has clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**





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**Specifically failed to comply with the following:**

**s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:**

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

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**Findings/Faits saillants :**



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1. On December 19, 2012, staff member #S-100 provided inspector 106 with copies of spreadsheets that document whether members of the nursing staff have had annual abuse training in 2012. The spread sheets were reviewed and it was found that of the 41 full time members of the nursing staff, 19 did not receive abuse training in 2012, of the 84 members of the part time nursing staff 31 did not receive abuse training in 2012 and of the 31 members of the casual nursing staff 13 did not receive training. A total of 45 members of the nursing staff did not receive training in abuse recognition and prevention in 2012. The licensee failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: 1. Abuse recognition and prevention. [s. 76. (7) 1.]

2. On December 19, 2012, staff member #S-100 provided inspector 106 with copies of spreadsheets that document whether members of the nursing staff have had annual responsive behaviour training in 2012. On December 18, 2012, staff member #S-100 reported that the responsive behaviour training included training on mental health issues such as caring for persons with dementia. The spread sheets were reviewed and it was found that of the 41 full time members of the nursing staff, 14 did not receive responsive behaviour training in 2012, of the 84 members of the part time nursing staff 38 did not receive responsive behaviour training in 2012 and of the 31 members of the casual nursing staff 17 did not receive training. A total of 69 members of the nursing staff did not receive training in behaviour management including, mental health issues, including caring for persons with dementia in 2012. The licensee failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: 3. Behaviour management. [s. 76. (7) 3.]



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

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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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***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 all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, annual training regarding, Abuse recognition and prevention; mental health issues, including caring for persons with dementia; and behaviour management., to be implemented voluntarily.***

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**Issued on this 6th day of March, 2013**

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

A handwritten signature in black ink, appearing to be "M. J. P.", written in a cursive style.