

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 17, 2021	2021_831211_0010	003745-20	Critical Incident System

Licensee/Titulaire de permis

DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC Long Term Care GP Inc. and Arch Venture Holdings Inc.

161 Bay Street, Suite 2100 TD Canada Trust Tower Toronto ON M5J 2S1

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

Champlain Long Term Care Residence
428 Front Road West L'original ON K0B 1K0

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

JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 13, 14, 17, 2021 (onsite) and May 18, 19, 20, 2021 (offsite).

This inspection was related to allegation of verbal abuse from a staff member to two residents.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Former Administrator, Former Director of Care (DOC), Nurse Clinical Manager, Maintenance Manager, Nursing Administrator Assistant, Resident Assessment Instrument-Minimum Data Set Coordinator (RAI-MDS Coordinator), Registered Nurses (RNs) and Personal Support Workers (PSWs).

In addition, the Inspector reviewed residents' health care records, investigation notes, policies related to the prevention of abuse program, staff training records, and observed resident's care environment.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were protected from abuse by a staff

member.

The ownership of Champlain Long Term Care Residence was changed from Chartwell Master Care LP to DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC Long Term Care GP Inc. and Arch Venture Holdings Inc on April 1, 2020.

In accordance with O. Regulation 79/10, s. 2, (1):

(a) emotional abuse means, any threatening, insulting, intimidating or humiliating gestures, actions, behavior or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, and

(a) verbal abuse means any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

A Critical Incident Report (CIR) was submitted from Champlain Long Term Residence, Chartwell Master Care LP, indicating that a staff member reported witnessing verbal abuse from a staff member toward two residents on an identified date. This allegation of verbal abuse was reported by a staff member to the former DOC the next day.

The licensee's investigation notes indicated the following:

A staff member #104 revealed witnessing staff member #105 using inappropriate words in the past two weeks while providing care to two different residents. The staff member stated that resident #002 experienced pain and exhibited behaviors while being dressed too fast. The staff member stated during one shift, staff member #105 used inappropriate words while putting clothes on resident #002. Resident #002 was observed having teary eyes after the incident. Meanwhile, staff member #105 attempted to open the bedsheets which resident #001 kept closing, staff member #105 used inappropriate words toward resident #001. On an identified date, staff member #104 witnessed staff member #105 using inappropriate language towards resident #002 while putting on the resident's clothes who at the time was demonstrating behaviors.

Inspector #211 interviewed staff member #104 and validated that staff member #105 verbally abused residents #001 and #002 and the incident was not reported immediately to the Registered Nursing Staff.

The licensee has failed to protect residents #001 and #002 from emotional or verbal abuse by staff member #105.

Sources: Review of the Critical Incident Report and residents #001, #002's health care records. Review of the licensee's investigation notes. Interview with the Executive Director, Nurse Clinical Manager, Former Administrator, Former Director of Care and staff member #104. [s. 19. (1)]

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 residents were protected from abuse by anyone, to be implemented voluntarily.

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:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, 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. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policies titled "Abuse Free Communities-Prevention, Education and Analysis" and "Abuse Allegation and Follow-up" that promotes zero tolerance of abuse was complied with, from staff member #004 for residents #001 and #002.

The licensee's policies were identified as "Abuse Free Communities-Prevention, Education and Analysis" number LTC-CA-WQ-100-05-18 and "Abuse Allegation and Follow-up" number LTC-CA-WQ-100-05-02 revised November 2015.

Specifically, their abuse policies indicated that all persons, who have reasonable grounds to suspect the occurrence of abuse of a resident by anyone or by the licensee or staff that resulted in harm or a risk of harm to the resident, are legally obligated to immediately report the suspicion and the information upon which it is based to regulatory bodies including MOHLTC-Director. All Employees are required to report immediately to their respective supervisor/person in charge of the building when an abuse is witnessed, suspected or at any time information or knowledge of an allegation of an abuse or learned from any person.

As described in WN #1, related to LTCHA 2007, s. 19, the licensee's investigation notes indicated that staff member #104 who had reasonable grounds to suspect verbal abused towards residents #001 and #002 from staff member #105 didn't report the suspicion and the information to the most responsible Registered Nursing Staff or the Management Team immediately.

Review of the licensee "Counseling Form" indicated "Employee did not follow the home's policy on reporting immediately related to any form of abuse to the supervisor/manager".

Interview with the Nurse Clinical Manager validated that staff member #104 didn't follow the licensee's policies that was included in the abuse education training.

As such, staff member #104 failed to comply with the licensee's policies to promote zero tolerance of abuse indicating that all employees are required to report immediately to their respective supervisor/person in charge of the building when an abuse is witnessed, suspected or at any time information or knowledge of an allegation of an abuse or learned from any person.

Sources: Review of the licensee's policies were identified as "Abuse Free Communities-Prevention, Education and Analysis" number LTC-CA-WQ-100-05-18 and "Abuse Allegation and Follow-up" number LTC-CA-WQ-100-05-02 revised November 2015, the licensee's investigation notes, the licensee "Counseling Form" and interview with the Nurse Clinical Manager, Former DOC and Former Administrator. [s. 20. (1)]

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 policy to promote zero tolerance of abuse is complied with, to be implemented voluntarily.

Issued on this 17th day of June, 2021

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

Original report signed by the inspector.