



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  
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Performance Improvement and  
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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>
Jan 30, 2014	2014_280541_0005	O-000942- 13	Complaint

**Licensee/Titulaire de permis**

RELIGIOUS HOSPITALERS OF ST. JOSEPH OF CORNWALL, ONTARIO  
14 York St, CORNWALL, ON, K6J-5T2

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

ST JOSEPH'S CONTINUING CARE CENTRE  
14 YORK STREET, CORNWALL, ON, K6J-5T2

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

AMBER MOASE (541), AMANDA NIXON (148)

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



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

**This inspection was conducted on the following date(s): January 28, 2014,  
onsite.**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, Registered Nursing staff, Personal Support Workers, a  
Housekeeper and residents.**

**During the course of the inspection, the inspector(s) reviewed external  
investigation data related to this complaint, the home's policy to promote zero  
tolerance of abuse and neglect of residents, an employee file and resident plans  
of care.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**



**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>Legendé</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. 20. Policy to promote zero tolerance**



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Specifically failed to comply with the following:

**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; 2007, c. 8, s. 20 (2).**

**(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**

**(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**

**(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**

**(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**

**(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**

**(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**

**(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with LTCHA 2007 S.O. 2007, c.8, s.20(2) (d), (e) and (f), whereby the licensee did not ensure that the written policy to promote zero tolerance of abuse and neglect of residents included all required provisions outlined by section 20 of the Act.

Upon request for the home's policy to promote zero tolerance of abuse and neglect of residents, the home's Administrator provided policy #11-a-124, titled Resident Abuse and/or Neglect – Zero Tolerance.

A review of policy #11-a-124 demonstrates that the policy did not contain an explanation of the duty under section 24 to make mandatory reports, rather the procedure only describes that the Registered Nurse and Director of Care shall report resident abuse/alleged abuse to the Director in accordance with the LTCHA.

A review of the policy #11-a-124 demonstrates that the policy did not contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents. In addition the policy did not set out consequences for those who abuse or neglect residents, rather the policy outlined consequence for staff members where abuse was verified.

During an interview with the home's Administrator, she stated that she was not aware that the written policy for abuse required all provisions of section 20. She did report, however, that staff education provided on orientation and thereafter on an annual basis includes all of the required provisions as outlined in section 20 of the Act. [s. 20. (2)]



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance**

**Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,**

**(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**  
**(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**

**(c) identifies measures and strategies to prevent abuse and neglect;**  
**(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**  
**(e) identifies the training and retraining requirements for all staff, including,**  
**(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**  
**(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with O.Reg. 79/10, s.96, where by the licensee did not ensure that the written policy to promote zero tolerance of abuse and neglect of residents included all required provisions outlined by section 96 of the Regulations.

Upon request for the home's policy to promote zero tolerance of abuse and neglect of residents, the home's Administrator provided policy #11-a-124, titled Resident Abuse and/or Neglect – Zero Tolerance

A review of policy #11-a-124 demonstrates that the policy did not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. In addition, the policy did not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents as appropriate.

A review of policy #11-a-124 demonstrates that the licensee did not ensure that the written policy to promote zero tolerance of abuse and neglect of residents identifies measures and strategies to prevent abuse and neglect. In addition the policy did not identify the manner in which allegation of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation

A review of policy #11-a-124 demonstrates that the policy does not identify the training and retraining requirements for all staff, including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and situations that may lead to abuse and neglect and how to avoid such situations.

During an interview with the home's Administrator, she stated that she was not aware that the written policy for abuse required all provisions of section 96. She did report, however, that staff education provided during orientation and thereafter on an annual basis, includes all of the required provisions as outlined in section 96 of the Regulations. [s. 96.]

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Issued on this 30th day of January, 2014

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

Amber Moase, RD