Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Mar 2, 2022	2022_873602_0005	003294-22, 003311-22, 003318-22, 003321-22	Complaint

Licensee/Titulaire de permis

Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation
161 Bay Street Suite 2100 Toronto ON M5J 2S1

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

Perth Community Care Centre
101 Christie Lake Road, R. R. #4 Perth ON K7H 3C6

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

WENDY BROWN (602), DARLENE MURPHY (103)

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): February 22 - 25 & 28, 2022

The following inspections were completed:
Log #003294-22 - regarding alleged staff to resident physical abuse
Log #003311-22 - regarding alleged staff to resident physical abuse, COVID-19 protocols and improper care concerns
Log #003318-22 - regarding plan of care and communication
Log #003321-22 - COVID-19 protocols/resident absences

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Director of Care (DOC), Recreation/Activities staff, the Infection Prevention and Control (IPAC) lead, the Physiotherapist, Screening and Housekeeping staff, residents, family members and the Administrator.

In addition, the inspector reviewed resident health care records: including plans of care, progress notes, relevant policies and procedures, and made resident care/service and IPAC practice observations.

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

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident was assisted to transfer with two staff as specified in their plan of care.

A resident slid between their bed and their wheelchair while being assisted to transfer by a Personal Support Worker (PSW). The resident was assessed, and no injury was noted. A review of the plan of care in place at the time of the incident indicated that the resident required assistance of two persons for all transfers.

Sources: Resident progress notes & plan of care and interviews with the Director of Care (DOC), Physiotherapist and other staff. [s. 6. (7)]

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 care is provided to residents in accordance with the plan of care, 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 failed to ensure that staff complied with their zero tolerance of abuse and neglect of residents policy.

A resident advised a recreation aid (RA) that staff were being physically abusive. The RA's progress notes indicated on follow up that the resident was unable to provide realistic descriptions of the alleged abuse, and thus they did not report the allegation. The DOC reviewed the RA's progress note and immediately commenced an investigation into the alleged abuse, and notified the physician, police, POA and the Director. The investigation found that the allegation was unsubstantiated, however, the RA should have immediately reported the allegation as outlined in the homes zero tolerance of abuse and neglect policy.

SOURCES: Critical incident report, resident progress notes, Zero tolerance to resident abuse and neglect policy, and interviews with the DOC, RA and other staff. [s. 20. (1)]

Issued on this 3rd day of March, 2022

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

Original report signed by the inspector.