



**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**

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

**Division des foyers de 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 # / Registre no	Type of Inspection / Genre d'inspection
Feb 23, 2017	2017_556168_0005	030231-16, 031617-16, 032041-16	Critical Incident System

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

TELFER PLACE
245 GRAND RIVER STREET NORTH PARIS ON N3L 3V8

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

LISA VINK (168), LESLEY EDWARDS (506)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 14, 15, 17 and 21, 2017.

**This inspection report includes inspections for the following Critical Incidents
Log number 030231-16 - Critical Incident number 2742-000014-16 - regarding
prevention of abuse and neglect**

**Log number 032041-16 - Critical Incident number 2742-000017-16 - regarding duty
to report**

**Log number 031617-16 - Critical Incident number 2742-000015-16 - regarding
housekeeping and falls prevention and management**

**During the course of this inspection a finding of non compliance was identified for
O. Reg. 79/10, section 8 related to policies etc. to be followed.**

**This finding of non compliance is included in the concurrent Complaint Inspection
Report - 2017-555506-007, with log numbers 030923-16 and 003441-17.**

**During the course of the inspection, the inspector(s) spoke with the Executive
Director (ED), Assistant Director of Care (ADOC), Environmental Services
Supervisor (ESS), Registered Nurses (RN), Personal Support Workers (PSW),
retirement home staff, housekeeping staff and residents.**

**During the course of the inspection, the inspectors: observed the provision of care
and services, reviewed relevant records including but not limited to policies and
procedures, investigative notes and clinical health records.**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Falls Prevention

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>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. 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 failed to ensure that the resident was protected from abuse by anyone.

In 2016, the home reported an incident between resident #091 and PSW #200.

According to the clinical record and statements of staff, present at the time of the incident, the resident and PSW #200 spoke in raised voices.

The PSW was witnessed to abuse the resident before other staff had an opportunity to intervene.

According to the progress notes, RN #201 assessed the resident post incident and identified that the resident was noted to be upset but not in pain.

Interview with RN #204, who was present for a portion of the incident and assessed the resident post incident, verified the actions of PSW #200 to be inappropriate and identified that in their opinion the staff member did not respond appropriately to the situation.

Interview with the ED identified that the home investigated the incident and took action.

The resident was not protected from abuse.

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

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 20. Policy to promote zero tolerance



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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 without in any way restricting the generality of the duty provided for in section 19, that there was in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy was complied with.

The home had a procedure, Resident Non-Abuse, LP-B-20-ON, last revised on October 2012, which identified "that any staff member or person, who becomes aware of and/or has reasonable grounds to suspect abuse or neglect of resident must immediately report that suspicion and the information on which it is based to the Executive Director (ED) of the home or, if unavailable, to the most senior supervisor on shift at the time. The person reporting the suspected abuse or neglect must follow the home's reporting requirements to ensure that the information is reported to the ED immediately".

During a review of clinical records it was identified that on an identified date in 2016, resident #090 entered a co-residents room, approached the co-resident and potentially abused them. The co-resident responded verbally to this action, stated "no" repeatedly and was identified by staff as "agitated" before staff were able to calm them down. Interview with RN #201, who recorded the incident, verified that immediately following the incident the two residents were separated, interventions were initiated in an effort to prevent recurrence and the substitute decision makers for both residents were notified. The RN identified that they did not report the incident to the ED or a senior supervisor at the time and suggested that this information would have been communicated to the ADOC the subsequent morning during report for follow up.

The progress note of the incident, from resident #090's clinical record was read to the ADOC, at the time of this inspection. The ADOC indicated that they were not previously aware of the incident nor was it reported to them at the time of occurrence or the following day. The ADOC verified that this incident would be required to be reported as per the home's procedure and confirmed that the incident was not reported according to the home's reporting requirements.

The staff did not follow the home's Resident Non-Abuse procedure as required.



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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 without in any way restricting the generality of the duty provided for in section 19, 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, to be implemented voluntarily.

Issued on this 6th day of March, 2017

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

Original report signed by the inspector.