

**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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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 10, 2020	2020_805638_0007	023157-19	Critical Incident System

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**Licensee/Titulaire de permis**

Jarlette Ltd.

c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Temiskaming Lodge

100 Bruce Street P.O. Box 1180 HAILEYBURY ON P0J 1K0

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

RYAN GOODMURPHY (638)

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**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): March 2 - 4, 2020.**

**The following intake was completed in this critical incident system inspection:  
-One log was a critical incident submitted to the Director related to an incident of alleged improper care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and their families.**

**The Inspector also conducted a daily tour of resident care areas, reviewed relevant resident health care records, internal investigation notes and home policies.**

**The following Inspection Protocols were used during this inspection:  
Contenance Care and Bowel Management  
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. 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 staff complied with the home's policy to promote zero tolerance of abuse.

A CIS report was submitted to the Director on a specific date. Upon reviewing the CIS report it was identified that the incident had occurred one day prior and that PSW #102 had reported immediately to RN #103 what they had witnessed. The report identified that RN #103 reported the incident to management the next day. Please see WN #2 for details.

In an interview with Inspector #638, PSW #104, #105 and #106 each indicated that if they were to suspect or witness an incident of improper care towards a resident in the home, they would report their concerns to the charge nurse. PSW #104 indicated that they could also report directly to management.

During an interview with Inspector #638, RPN #108 indicated that any concerns regarding improper care or the abuse of a resident was to be immediately reported to management in the home.

The home's policy titled "Resident Rights, Care and Services - Abuse - Zero-Tolerance Policy for Resident Abuse and Neglect - Version 3" indicated that a person who has reasonable grounds to suspect that; improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident, has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Ministry of Health and Long Term Care.

In an interview with Inspector #638, the DOC indicated that RN #103 should have reported the incident of improper care when PSW #102 reported their concerns on the date of the incident. The DOC indicated that the RN received disciplinary action due to not reporting the incident to management until one day later. [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 staff in the home comply with the home's policy to promote zero tolerance of abuse, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident who was incontinent and had been assessed as being potentially continent or continent some of the time, received the assistance and support from staff to become continent or continent some of the time.

A CIS report was submitted to the Director which outlined an incident where resident #001 was not provided with the assistance and support from staff to be continent.

Inspector #638 reviewed the internal investigation notes which identified in an interview with PSW #101 that they acknowledged they did not follow the resident's care plan when they did not assist resident #001 with their request.

During a review of resident #001's health care records the Inspector noted in the resident's care plan that the resident was to be assisted to maintain a certain level of continence on a set schedule and as needed.

In an interview with Inspector #638, PSW #104 indicated that resident #001 required specific assistance with continence care. PSW #104, #105 and #106 each indicated that a resident who was incontinent some of the time was still to be assisted to maintain some level of continence.

During an interview with Inspector #638, RPN #108 indicated that resident #001 required staff assistance for care. The RPN stated that even if a resident was incontinent they would attempt to maintain a certain level of continence for the resident where possible and not supporting a resident's request in this instance was not acceptable.

The home's policy titled "Resident Rights, Care and Services - Required Programs - Continence Care and Bowel Management - Program - Version 3" indicated that the program shall ensure that each resident receives assistance from staff to manage and maintain continence.

In an interview with Inspector #638, the DOC indicated PSW #102 provided care with PSW #101 and resident requested assistance to remain continent. PSW #101 did not assist with the resident's request and the DOC indicated that the staff knew that was not promoting resident rights. [s. 51. (2) (d)]

***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 resident #001 and all other residents who have been assessed as being potentially continent some of the time, receives the assistance and support from staff to become continent some of the time, to be implemented voluntarily.***

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**Issued on this 16th day of March, 2020**

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

**Original report signed by the inspector.**