Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: January 28, 2025
Inspection Number: 2025-1095-0001
Inspection Type: Complaint Critical Incident
Licensee: Baywoods Place Operating Inc.
Long Term Care Home and City: BayWoods Place, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 8-10, 13-17, 20, 21 & 23, 2025
The inspection occurred offsite on the following date(s): January 22, 2025

The following intake(s) were inspected:

- Intake: #00128058 - complaint related resident care and support services.
- Intake: #00131263 - Critical Incident (CI) related to prevention of abuse and neglect.
- Intake: #00131396 - complaint related to prevention of abuse and neglect.
- Intake: #00131403 - complaint related to reporting and complaints.
- Intake: #00133103 - CI related to prevention of abuse and neglect.
- Intake: #00133756 - complaint related to prevention of abuse and neglect.
- Intake: #00133891 - CI related to prevention of abuse and neglect.
- Intake: #00137673 – CI related to prevention of abuse and neglect.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control

Safe and Secure Home
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in the Home

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure the door leading to a non-residential area labelled as a high voltage electrical room was locked to restrict unsupervised access by residents and the licensee failed to lock the door when unsupervised.

Sources: observation of non-residential area, observation of restricted room, observation of door unlocked and entry into the electrical room, interviews with staff.

WRITTEN NOTIFICATION: Notifications re incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (1) (a)
Notification re incidents

s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,
(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being.

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was immediately notified when an incident of alleged abuse occurred.

Sources: Interview with the SDM and staff.

WRITTEN NOTIFICATION: Notification re incidents

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (2)
Notification re incidents
s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee has failed to ensure that a resident and their SDM, were notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation

Sources: Interviews with resident and their SDM and interviews with management.

WRITTEN NOTIFICATION: Police Notification

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105
Police notification
s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

A) The licensee failed to immediately notify the appropriate police service of alleged staff to resident abuse.

Sources: CI, email from management.

B) The licensee failed to immediately notify the appropriate police service of alleged staff to resident abuse.

Sources: CI.

C) The licensee failed to immediately notify the appropriate police service of alleged staff to resident abuse.

Sources: CI.

WRITTEN NOTIFICATION: Licensees Who Report Investigations Under s. 27 (2) of Act

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 112 (1) 2. ii.
Licensees who report investigations under s. 27 (2) of Act
s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged,

suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:
2. A description of the individuals involved in the incident, including,
ii. names of any staff members or other persons who were present at or discovered the incident.

A) The licensee has failed to ensure that the name of the staff member who allegedly abused a resident was identified in the CI Report or amendments submitted to the Director.

Sources: CI.

B) The licensee has failed to ensure that the name of the staff member who allegedly abused a resident was identified in the CI Report or amendments submitted to the Director.

Sources: CI.

C) The licensee has failed to ensure that the name of the staff member who allegedly abused a resident was identified in the INFOLINE (IL)-LTC Afterhours Report or CI Report or amendments submitted to the Director.

Sources: IL -LCT Afterhours Report, CI.

WRITTEN NOTIFICATION: Resident records

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 274 (b)
Resident records
s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

The licensee has failed to ensure that a resident's written record was kept up to date at all times.

Sources: Resident's clinical records, interview with management.

COMPLIANCE ORDER CO #001 Duty to protect

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Conduct an analysis of the incident of abuse that occurred, the home's response to the incident and their investigation.
2. Evaluate the results of the analysis.
3. Determine changes or improvements that are required as a result of the analysis.
4. Implement changes.
5. Maintain a record of the results of the analysis, changes or improvements that were identified and what and how they were implemented.

Grounds

The licensee has failed to ensure that a resident was protected from emotional, verbal and physical abuse by a staff member.

Section 2 of Ontario Regulation 246/22 defines the types of "abuse", as the following,
"Emotional abuse" any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident;
"Physical abuse" any use of physical force by anyone other than a resident that causes physical injury or pain; and
“Verbal abuse” 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.

Failure to ensure that a resident was protected from emotional, verbal and physical abuse, resulted in a negative impact to the resident.

Sources: Resident interview, home's investigations notes and interviews with staff.

This order must be complied with by

March 6, 2025

COMPLIANCE ORDER CO #002 Policy to Promote Zero Tolerance

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Provide education to the home's Management Team and all registered nursing staff on the following:
    1. procedures and interventions that deal with persons who have abused or neglected or allegedly abused or neglected residents.
    2. action and documentation required after a report of abused or neglected or allegedly abused or neglected residents.
2. Provide education to all staff on the following:
    1. the emergency response required when the safety and security of a resident is in jeopardy
3. Document the education provided, including the names of the staff in attendance, date, and duration of the training, and who provided the education.
4. Keep a record of the training materials used and the date all education was completed for inspector review.

Grounds

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with.

A) On a day in 2024, a staff to resident incident of emotional, verbal and physical abuse occurred.

Failure to ensure that the home's written policy to promote zero tolerance of abuse and neglect was complied with, resulted in a negative impact to the resident.

Sources: Resident interview, Mandatory Reporting of Resident Abuse or Neglect, modified November 12, 2024, LTC-Investigation of Abuse or Neglect Procedure, reviewed March 31, 2024, progress notes.

B) The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with after an incident of staff to resident abuse was reported.

Failure to ensure that the home's written policy to promote zero tolerance of abuse and neglect was complied with, resulted in a negative impact to the resident.

Sources: Mandatory Reporting of Resident Abuse or Neglect Procedure ADMIN-O10-01, modified November 12, 2024, LTC-Investigation of Abuse or Neglect Procedure ADMIN1-O10-02, reviewed March 31, 2024, LTC-Disciplinary Action for Abuse and Neglect, Procedure ADMIN1-O10-03, reviewed March 31, 2024, resident's clinical records.

C) The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with after an incident of staff to resident abuse was reported.

Failure to ensure that the home's written policy to promote zero tolerance of abuse and neglect was complied with, resulted in a negative impact to the resident.

Sources: Mandatory Reporting of Resident Abuse or Neglect Procedure ADMIN-O10-01, modified November 12, 2024, LTC-Investigation of Abuse or Neglect Procedure ADMIN1-O10-02, reviewed March 31, 2024, LTC-Disciplinary Action for Abuse and Neglect, Procedure ADMIN1-O10-03, reviewed March 31, 2024, resident's clinical records.

D) The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with after an incident of staff to resident abuse was reported.

Failure to ensure that the home's written policy to promote zero tolerance of abuse and neglect was complied with, resulted in a negative impact to the resident.

Sources: Mandatory Reporting of Resident Abuse or Neglect Procedure ADMIN-O10-01, LTC-Investigation of Abuse or Neglect Procedure ADMIN1-O10-0, LTC-Disciplinary Action for Abuse and Neglect, Procedure ADMIN1-O10-03, resident's clinical records.

This order must be complied with by

March 6, 2025

COMPLIANCE ORDER CO #003 Reporting Certain Matters to Director

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Provide education on the explanation of the duty under section 28 to make mandatory reports to the Director.

2. Provide in-person education to the home's management team and all registered staff on any policies and procedures related to reporting alleged, suspected or witnessed abuse or neglect of a resident.
3. Document the education provided, including the names of the staff in attendance, date, and duration of the training, and who provided the education.
4. Keep a record of the training materials used and the date all education was completed for inspector review.

Grounds

A) The licensee failed to immediately report an allegation of staff to resident physical abuse to the Director, as required.

Sources: CI, email from management, management statement, interview with staff,

B) The licensee has failed to immediately report an allegation of staff to resident physical abuse to the Director, as required.

Sources: CI, Clearview Report, management statement, Interviews with management and staff.

C) The licensee has failed to immediately report an allegation of staff to resident abuse to the Director, as required.

Failure to immediately report may have resulted in the potential for further abuse to occur.

Sources: CI, management statement, interviews with management and staff.

This order must be complied with by

March 6, 2025

COMPLIANCE ORDER CO #004 Elevators

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.|

Non-compliance with: O. Reg. 246/22, s. 13

Elevators

s. 13. Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

1. Equip elevator rear door to restrict resident access to unsupervised non-residential areas.
2. Audit elevator rear door daily until March 6, 2025, to ensure elevator rear door does not open without restricted access.

Grounds

The licensee failed to ensure the elevator in the home leading to resident restricted areas was equipped to restrict resident access.

Failure to ensure that the elevator door leading to the resident restricted area was equipped to restrict residents put residents at risk of entrapment and entry into non secure areas without the knowledge of staff.

Sources: Elevator observations, interview with staff.

This order must be complied with by

March 6, 2025.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.