



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 27, 2011	2011-120-2364-27Apr090843	H-00258-11 - Complaint

Licensee/Titulaire

Revera Long-Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON, L5R 4B2

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

Garden City Manor, 168 Scott Street, St. Catharines, ON L2N 1H2

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

Bernadette Susnik, LTC Homes Inspector- Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the Director of Care, who was also acting for the Executive Director. The Executive Director was contacted on May 24th and May 25th via telephone. The Social Worker involved in the case could not be interviewed as she was no longer employed by the home.

During the course of the inspection, the inspector reviewed the identified resident's records, the home's investigative documents into the incident and the home's abuse policy.

The following Inspection Protocols were used during the Inspection:

- *Prevention of Abuse, Neglect and Retaliation*

There are findings of Non-Compliance as a result of this inspection. The following action was taken:

4 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraph 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: *The licensee has failed to comply with the LTCHA, 2007, S.O. 2007, s. 24(1).4.* 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:

4. Misuse or misappropriation of a resident's money.

Findings:

The licensee did not report to the Director (MOHLTC) once they became aware of a letter written by an identified resident that a family member was misusing her money. The home became aware of the letter of complaint in 2010.

WN #2: *The licensee has failed to comply with O. Reg. 79/10, s. 98.* Every licensee of a long-term care home shall ensure that the appropriate police force 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.

Findings:

The police department was not notified once the home became aware of the resident's concerns in 2010. The Executive Director of the home was informed in 2010 about the resident's letter. Two months later, the home's social worker, became aware of the letter. An investigation ensued, however the police department was not notified. The Ministry of Health and Long Term Care was subsequently contacted 2 weeks later regarding concerns that a police investigation had not been done. The police were contacted by the home's social worker when a request was made by a representative from the ministry.

WN #3: *The licensee has failed to comply with the LTCHA 2007, S.O. 2007, c.8, s. 23(1)(a).* Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

Findings:

The licensee did not immediately conduct an investigation into the identified resident's alleged claims of financial abuse. The issue was brought to the attention of the Executive Director in 2011. The letter stated that the resident believed that they were being financially abused by a family member. The home's social worker, began an investigation on 2 months after receiving an e-mail regarding the resident's letter.

WN#4: The licensee has failed to comply with O. Reg. 79/10, s. 96(a)(b)(c) & (e). 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;
- (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.

Findings:

The home's "Resident Non-Abuse" policy LP-B-20 does not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected. The policy only states that "during or after the investigation, support and referrals will be offered to a resident who has been abused".

The policy LP-B-20 does not contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents. The policy only states that the Executive Director will notify policy authorities if applicable, and that the employee is to be placed on Leave of Absence with pay pending results of the investigation".

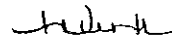
The policy LP-B-20 does not identify measures and strategies to prevent abuse and neglect;

The policy LP-B-20 does not identify 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.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.



**Report revised for the purpose of publication – October
27, 2011**

Title:

Date:

Date of Report: (if different from date(s) of inspection).