



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**Sudbury Service Area Office  
159 Cedar Street, Suite 403  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133**

**Bureau régional de services de  
Sudbury  
159, rue Cedar, Bureau 403  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 21, 2013	2013_140158_0022	S-000273- 13, S- 000193-13	Critical Incident System

**Licensee/Titulaire de permis**

**THE LADY MINTO HOSPITAL AT COCHRANE  
241 EIGHTH STREET, P.O. BOX 4000, COCHRANE, ON, P0L-1C0**

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

**VILLA MINTO  
241 EIGHTH STREET, P.O. BOX 280, COCHRANE, ON, P0L-1C0**

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

**KELLY-JEAN SCHIENBEIN (158)**

**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): August 12, 13, 14, 15, 2013**

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

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home, reviewed various home policies and reviewed resident health care records.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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**Legend**

**WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order**

**Legendé**

**WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités**

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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.

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**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).**

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**Findings/Faits saillants :**



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1. An incident of verbal abuse by staff # 01 towards resident # 01 was reported to the Director however it was reported three days after the incident occurred.

A verbal abuse incident and a physical abuse incident by staff # 01 towards resident # 02 and resident # 03 were reported to the Director however it was two days after the incidents occurred.

The home's abuse policy was reviewed and identifies the following legislative requirements: that incidents of alleged or actual resident abuse by anyone is to be immediately reported to the Director, that the resident's SDM and any other person specified by the resident are notified within 12 hours upon becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident and that the appropriate police force is immediately notified if any alleged, suspected, or witnessed incident of abuse or neglect of a resident constitutes as a criminal offence. Furthermore, the home's policy identifies that the relevant Professional College is also notified.

The Inspector noted that in the first Critical Incident report of resident abuse, the resident's Substitute Decision Maker (SDM) was not contacted. As well, the police were not contacted regarding any of the alleged resident abuse incidents.

The ADOC confirmed on August 19, 2013, that neither the Professional College nor the police were contacted regarding the witnessed incidents of resident abuse by the staff member.

The home did not ensure that its written policy to promote zero tolerance of abuse and neglect of residents was complied with. [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 ensuring that the home's Zero Tolerance of Abuse and Neglect policy is complied with, particularly, notifying resident's Substitute Decision Maker, contacting the police and informing the relevant Professional College when incidents of alleged, suspected or witnessed resident abuse occurs, to be implemented voluntarily.***

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**Issued on this 21st day of August, 2013**

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

A handwritten signature in cursive script, appearing to read "K. Schenker".