Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 19, 2022	2022_823653_0001	016067-21, 017254-21, 017693-21, 018036-21, 000699-22	Complaint

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Sandalwood Park
425 Great Lakes Drive Brampton ON L6R 2W8

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

ROMELA VILLASPIR (653), KATHERINE ADAMSKI (753), ROBERT SPIZZIRRI (705751)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 5-7, 10-13, 2022.

The following intakes were completed in this Complaint inspection:
Log #016067-21 was related to alleged abuse and responsive behaviours;
Logs #017254-21 and #017693-21 were related to alleged abuse;
Logs #018036-21 and #000699-22 were related to unsafe transfer, improper care, and alleged abuse and neglect.

Critical Incident System (CIS) inspection #2022_823653_0002 was completed in conjunction with this complaint inspection.

During the course of the inspection, the inspector(s) spoke with the residents, Substitute Decision-Maker (SDM), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Behavioural Support Ontario (BSO) Therapeutic Recreation Consultant (TRC), Housekeeper (HK), Kinesiologist Falls Lead (KFL), Police Officer (PO), Resident Assessment Instrument (RAI)-Coordinator, Director of Recreation (DOR), Director of Nursing Care (DNC), and the General Manager (GM).

During the course of the inspection, the inspectors toured the home, observed provision of care, staff to resident interactions, resident to resident interactions, meal services, reviewed staffing schedules, clinical health records, the home's investigation notes, staff training records, employee files, and relevant home policies and procedures.

Inspectors #605 and #722374 were also present during this inspection.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to fully respect and promote a resident’s right to give or refuse consent for specimen collection.

Upon admission to the home, a resident’s Substitute Decision-Maker (SDM) had a specific request related to care provision by staff, however this had not been documented in the resident's care plan.

On the resident’s first night in the home, two staff members approached the resident for the purpose of collecting swabs for culture. In response, the resident declined the specimen collection and became quite upset. Staff insisted on collecting the swabs from the resident, and the sample was collected.

The Director of Nursing Care (DNC) and a PSW acknowledged that they were unsure whether the resident understood when the staff explained the procedure to them, or that they had provided informed consent for the collection of the swabs. The PSW stated that the resident was reluctant and did not want the swabs to be collected.

When the resident’s SDM visited the next day, the resident reported that they had been mistreated and violated when a staff member collected the swab samples from them during the night. The resident was emotionally distressed by the incident.

When a staff member collected swabs from the resident without their informed consent, they violated the resident's right to give or refuse consent.

Sources: Critical Incident System (CIS) report, the home’s investigation notes, resident’s plan of care including care plan, progress notes; Interviews with the SDM, DNC, and other staff. [s. 3. (1) 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 the following rights of residents are fully respected and promoted: Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity, to be implemented voluntarily.

WN #2: 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 the home's written policy that promoted zero tolerance of abuse and neglect of residents, was complied with by a Team Member (TM).

According to the home’s Prevention of Abuse and Neglect policy, “All team members are required to report any suspicions, incidents, or allegations of neglect and/ or abuse immediately to the Director as well as any supervisor or any member of the leadership team for further investigation”.

A TM observed and identified multiple incidents of abuse and neglect of three residents. These incidents were reported to the Director by the TM, and were not reported to the home.

Failure of the team member to follow the home’s Prevention of Abuse and Neglect policy put the residents at risk of further incidents of abuse and/ or neglect, as the home was unable to immediately respond with an investigation and implement safety measures to protect the residents.

Sources: Home’s Prevention of Abuse and Neglect policy (Tab 04-06); Interviews with the TM, the DNC, and other staff. [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 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 21st day of January, 2022

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

Original report signed by the inspector.