

**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**

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

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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>
May 18, 2021	2021_872218_0006	002380-21, 006150-21	Critical Incident System

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**Licensee/Titulaire de permis**

The Regional Municipality of Peel  
10 Peel Centre Drive Suite B, 3rd Floor Brampton ON L6T 4B9

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

Tall Pines Long Term Care Centre  
1001 Peter Robertson Blvd. Brampton ON L6R 2Y3

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

APRIL RACPAN (218), VALERIE GOLDRUP (539)

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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): May 3 - 7, 2021.**

**The following intakes were completed in this Critical Incident System (CIS) inspection:**

**Log #002380-21 related to prevention of abuse and neglect; and  
Log #006150-21 related to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Supervisors of Care (SOCs), Registered Nurses (RN), Registered Practical Nurses (RPN), a Physiotherapist (PT), and Personal Support Workers (PSWs).**

**The inspectors observed infection prevention and control measures, staff to resident interactions, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Prevention of Abuse, Neglect and Retaliation**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**1 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 the home's policy to promote zero tolerance of abuse was complied with for resident #001.

The "Prevention, Reporting and Elimination of Abuse/Neglect" policy required staff to do the following:

-The designated staff member will immediately conduct a head-to-toe assessment of the abused resident, remove the alleged abuser from the resident, place the alleged staff member on a Leave of Absence (LOA), and determine whether abuse had occurred.

A resident reported to a registered staff member that a PSW was verbally and physically abusive towards them during care, which resulted in them experiencing pain. The resident was not assessed immediately after the incident was reported. Additionally, the PSW continued to work in the home and provide care to the resident, despite an investigation of the alleged incident not occurring until a couple of days later.

The home failing to ensure that their "Prevention, Reporting and Elimination of Abuse/Neglect" policy was complied with placed resident #001 at potential risk of harm.

Sources: CIS #M616-000003-21, progress notes, Prevention, Reporting and Elimination of Abuse/Neglect Policy No: LTC1-05.01, resident interview, and other staff interviews [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 the home's policy to promote zero tolerance of abuse and neglect is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

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

**s. 24. (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:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 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. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when RN #108 had reasonable grounds to suspect that abuse of resident #001 had occurred, that they immediately reported the suspicion to the Director in accordance with s. 24 (1) 2 of the Long-Term Care Homes Act (LTCHA). Pursuant to s. 152 (2), the licensee is vicariously liable for staff members failing to comply with subsection 24 (1).

On two occasions, a resident reported to a registered staff member that a PSW was verbally and physically abusive with them during care. The allegations of abuse were not reported to the Director until two days after they were reported to a registered staff member.

There was risk of harm to the resident by not reporting the alleged abuse immediately.

Sources: CIS #M616-000003-21, resident interview, and other staff interviews [s. 24. (1)]

**Issued on this 1st day of June, 2021**

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

**Original report signed by the inspector.**