



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<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>
Feb 23, 2017	2016_531518_0053	024458-16	Complaint

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**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

RIVERSIDE PLACE  
3181 Meadowbrook Lane WINDSOR ON N8T 0A4

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

ALISON FALKINGHAM (518)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): November 18, 2016**

**This complaint inspection L-024458-16 IL-46107-LO was related to abuse and neglect of a resident.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care(DOC), one Registered Nurse(RN), one Registered Practical Nurse(RPN) and four Personal Support Workers(PSW).**

**The inspector also reviewed one resident's clinical record, the home's policies regarding abuse and observed general and specific staff to resident interactions.**

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

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

**1 WN(s)**

**0 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>Legendé</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 there was a written policy that promotes zero



tolerance of abuse and neglect of residents and that it was complied with.

The home's policy Resident Non-Abuse, last reviewed July 31, 2016, stated:

"Anyone who becomes aware of or suspects abuse or neglect of a Resident must immediately report that information to the Executive Director or, if unavailable, to the most senior supervisor on shift."

"Failure to report suggests that the activity is condoned, which can result in that person receiving the same disciplinary action as given to the abuser."

Two staff members were providing bedtime personal care and at that time they reported that the resident was exhibiting responsive behaviours that resulted in an injury. A registered staff member assessed and treated the injury.

Another staff member who was standing outside the door of the resident's room stated she heard some suspicious sounds coming from the room so she placed a note under the DOC's door which stated that the staff members on duty last night should be looked into due to concerns of abuse.

The DOC found the note and went to see the resident with an RN.

The injury was observed and assessed and the resident was transferred to the hospital.

The resident's POA was notified by telephone regarding the injury and transfer.

Upon return from the hospital the resident received a head to toe assessment and a nutrition assessment, an internal investigation was commenced, a critical incident report was submitted to the Director at and the police were contacted.

During an interview with the DOC it was stated that a note was left under their office door which stated that on the previous evening shift an incident involving a resident was heard by a staff member. DOC The removed the staff members from the previous evening. The internal investigation was completed and reviewed by the DOC and the two staff members involved in the incident were dismissed.

During an interview the staff member who left the note under the DOC's door stated she was aware that suspicion of abuse should have been reported to the RN on duty that night and that putting a note under the DOC's door was not following the home's policies.

The DOC and two registered staff members stated the incident should have been reported immediately to the supervisor and that the home's policy regarding abuse was not complied with. [s. 20. (1)]



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The scope of this issue was isolated. The severity of this issue was determined to be level two with minimum risk of harm to potential for actual harm to residents. The home has had previous non compliance not related t this subsection of the legislation.

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**Issued on this 24th day of February, 2017**

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

**Original report signed by the inspector.**