

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: October 17, 2024

Inspection Number: 2024-1636-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Mon Sheong Foundation

Long Term Care Home and City: Mon Sheong Stouffville Long-Term Care Centre, Stouffville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 7, 11 and 15 - 17, 2024

The following intake(s) were inspected:

- Intake: #00114921 - CI #3055-000022-24; #00121442 - CI #3055-000030-24 - Outbreaks
- Intake: #00116009 - CI #3055-000024-24 - Alleged resident to resident abuse.
- Intake: #00118457 - CI #3055-000027-24; Intake: #00125096 - CI #3055-000037-24; Intake: #00125843 - CI #3055-000038-24; Intake: #00126398 - CI #3055-000039-24; Intake: #00122585 - CI #3055-000032-24 - Resident falls resulting in injury.
- Intake: #00120181 - Complaint regarding resident care.
- Intake: #00123795 - Complaint regarding resident care.
- Intake: #00124122 - CI #3055-000035-24 - Alleged staff to resident neglect.
- Intake: #00126764 - CI #3055-000043-24 - Alleged resident to resident abuse.

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- Intake: #00126802 - Complaint regarding resident care.

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

Resident Care and Support Services
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The licensee has failed to ensure that the Mon Sheong abuse policy related to potential Abuse and neglect of a resident was complied with. An incident of alleged abuse involving a resident was report to the Director.. The incident was not reported to the POA/SDM (Power of Attorney/Substitute Decision maker), the POA/SDM was not updated on the investigation, the outcome was not communicated to the

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POA/SDM, nor was a conference held to determine next steps.

Sources

Health record review, LTCH (Long term care home) investigation notes, policy review, and interviews with DORC (Director of Resident Care) and Administrator.

WRITTEN NOTIFICATION: Care Conference

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)

Care conference

s. 30 (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The Licensee has failed to ensure that a care conference for a resident was held within six weeks following the resident's admission to the LTCH.

Sources:

Health record review and Interview of the Administrator and DORC.