

## Amended Public Report (A1)

**Report Issue Date** September 8, 2022

**Inspection Number** 2022\_1188\_0001

**Inspection Type**

- Critical Incident System     Complaint     Follow-Up     Director Order Follow-up  
 Proactive Inspection     SAO Initiated     Post-occupancy  
 Other \_\_\_\_\_

**Licensee**

St. Joseph's Care Group

**Long-Term Care Home and City**

Bethammi Nursing Home  
Thunder Bay, ON

**Lead Inspector**

Lauren Tenhunen [196]

**Inspector Digital Signature**

## INSPECTION SUMMARY

The inspection occurred on the following date(s): August 8 – 12 and 15, 2022.

The following intakes were inspected:

- Three intakes related to incidents of resident to resident physical abuse.

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

- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Responsive Behaviours

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: POLICE NOTIFICATION

**Non-compliance with: O. Reg. 246/22, s. 105**

The licensee has failed to ensure that the appropriate police service was immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

### **Rationale and Summary**

Three Critical Incident System (CIS) reports were submitted to the Director outlining incidents of resident to resident physical abuse. The reports did not include notification of the police.

The Administrator confirmed that the submitted CIS reports with incidents of resident to resident physical abuse had not been reported to the police.

This non-compliance posed a low impact and low risk to the residents as this related to reporting.

**Sources:** Three CIS reports; “Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences – LRC-02- 01-03- last updated April 2022”; and interview with the Administrator.

## **COMPLIANCE ORDER CO #001: DUTY TO PROTECT**

### **NC#02 Compliance Order pursuant to FLTCA, 2021, s. 154(1)2**

Non-compliance with: FLTCA, 2021, s. 24(1)

#### **The Inspector is ordering the licensee to:**

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

The licensee shall:

- a) Conduct a documented review to ensure all current residents who exhibit responsive behaviours are identified.
- b) Develop and implement an auditing process to ensure that residents who exhibit responsive behaviours have interventions identified, and available to staff. The audits must be continued for at least one month post compliance due date.
- c) Implement any necessary corrective action to address concerns identified during the auditing process.
- d) Documentation of the audits and corrective action must be maintained.

#### **Grounds**

Non-compliance with: FLTCA, 2021, s. 24 (1)

The licensee has failed to ensure that residents #002, #003 and #004 were protected from abuse by resident #001.

O. Reg. 246/22, s. 2(1)(c), defines “physical abuse” as “the use of physical force by a resident that causes physical injury to another resident”.

### **Rationale and Summary**

A CIS report was submitted to the Director for an incident of physical abuse towards resident #002 by resident #001. This incident resulted in resident #002 sustaining an injury.

Resident #002’s health care records identified three additional physical abuse incidents involving resident #001.

Resident #002 reported being fearful of resident #001. The SDM indicated that their family member was fearful and had difficulty with an activity of daily living (ADL) and had taken pictures to demonstrate the injuries.

A CIS report was submitted to the Director for an incident of physical abuse towards resident #004 by resident #001 which resulted in injury.

A CIS report was submitted to the Director for an incident of physical abuse toward resident #003 by resident #001 which resulted in injury.

The health care records of resident #001 indicated medical conditions and treatment. The care plan that was in effect at the time of these incidents of physical abuse towards residents remained unchanged; behavioural triggers, written strategies to reduce the risk of physical abuse toward other residents were not developed or implemented; reference to medical conditions and treatment and behaviour towards other residents was not identified.

The Administrator indicated the care plan for resident #001 should have been updated with interventions to protect other residents from physical abuse by resident #001.

There was a high impact and a high risk to resident #002, as they had been physically abused on four instances by resident #001 resulting in fear and injury.

There was a moderate impact and moderate risk to resident #003, as they had been physically abused by resident #001 in one instance, resulting in injury.

There was a high impact and a high risk to resident #004, as they had been physically abused in one instance by resident #001, resulting in injury.

**Sources:** Three CIS reports; homes' investigation files for the CIS reports; health care records of resident #001 including care plan, incident progress notes, MD/NP order and progress notes, specific assessment, referral note, homes' policy titled, "Zero Tolerance of Resident Abuse and Neglect Program – LRC-02-01-01- last updated April 2022"; Interviews with resident #002, SDM of resident #002, PSWs, RPNs, RNs, Indigenous Consultant, DOC and the Administrator.

[196]

**This order must be complied with by [October 27, 2022](#)**

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**An Administrative Monetary Penalty (AMP) is being issued on this written notification [AMP#]**

**AN ADMINISTRATIVE MONETARY PENALTY (AMP) IS BEING ISSUED FOR THIS COMPLIANCE ORDER #001**

## NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021, s. 24(1)

### Notice of Administrative Monetary Penalty [AMP #001] Related to Compliance Order #001

Pursuant to section 158 of the *Fixing Long-Term Care Act, 2021*, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days of from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for:

- The licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

### Compliance History

- Compliance Order #001 of Inspection # 2021\_879621\_0014, LTCHA 2007, c. 8, s. 19(1)
- Compliance Order #002 of Inspection #2020\_633577\_0003, LTCHA 2007, c. 8, s. 19(1)

This is the **first** time an AMP has been issued to the licensee for failing to comply with this requirement.

*Invoice with payment information will be provided under a separate mailing after service of this notice.*

*Licensees must **not** pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.*

## Review/Appeal Information

### TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Sudbury Service Area Office**  
159 Cedar Street, Suite 403  
Sudbury ON P3E 6A5  
Telephone: 1-800-663-6965  
[SudburySAO.moh@ontario.ca](mailto:SudburySAO.moh@ontario.ca)

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections  
Branch Ministry of Long-Term  
Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Inspection Report under the  
***Fixing Long-Term Care Act, 2021***

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