Ontario

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 prévue 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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 16, 2019	2019_785732_0030	013402-19, 014509-19, 014611-19, 016527-19, 018443-19	Critical Incident System

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Carlingview Manor
2330 Carling Avenue OTTAWA ON K2B 7H1

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

EMILY BROOKS (732)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 3, 2019, and October 7-11, 2019

The following logs were completed during this Critical Incident System inspection:

Log #014509-19 (CIR #2424-000047-19) and log #018443-19 (CIR #2420-000068-19) related to resident to resident alleged sexual abuse.
Log #014611-19 (CIR #2420-000048-19), log #016527-19 (CIR #2420-000059-19), and log #013402-19 (CIR #2420-000042-19) related to falls prevention.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Directors of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), personal support workers (PSW), Occupational Therapist, rehabilitation assistant, housekeeping aide, and residents.

During the inspection, the inspector(s) also reviewed resident health care records, relevant policies and procedures, and relevant investigation notes; as well as observed the provision of care and services to residents, and resident home care environments.

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

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **1 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. 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 their written policy to promote zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident Report (CIR) was submitted to the Director describing witnessed, alleged sexual abuse by resident #001 to resident #002, by PSW #103. Within this report, it described another incident of alleged sexual abuse between resident #001 and resident #002 that was witnessed by PSW #103 days earlier, but was not reported to management.

Inspector #732 reviewed the licensee's prevention of abuse and neglect policy entitled 'Resident Non-Abuse Program', ADMIN-010.01, effective August 31, 2016, and reviewed March 31, 2019. Within this policy, it is described under procedure, internal, that where any person has reasonable grounds to suspect that any of the following has occurred, or may occur, such person must immediately verbally report the suspicion and the information upon which it is based to the person in charge (i.e. the nurse on duty ("the Nurse")).

In an interview, PSW #103 told Inspector #732 that they did not report the first witnessed incident of alleged sexual abuse immediately and that it wasn't until the second incident occurred that they notified a staff member.

Therefore, the licensee's 'Resident Non-Abuse Program' policy was not complied with as PSW #103 failed to immediately report a witnessed incident of alleged sexual abuse to the person in charge. [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 written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 16th day of October, 2019

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

Original report signed by the inspector.