

Original Public Report

Report Issue Date July 20, 2022
Inspection Number 2022_1396_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
Delcare LTC Inc.

Long-Term Care Home and City
Cawthra Gardens, Mississauga

Lead Inspector
Nital Sheth (500)

Inspector Digital Signature

Inspector Manish Patel (740841) was also present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 27-30, July 4-6, 2022.

The following intakes were inspected during this Critical Incident System (CIS) inspection:

- Intake logs #011177-22, #003196-22, #016193-21 related to duty to protect.
- Intake logs #007994-22, and #010706-21 related to fall incidents resulting into injury.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Safe and Secure Home

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#01 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s. 102 (2) (b)

The licensee has failed to ensure that Routine Practices and Additional Precaution including Point-of-care signage indicating that enhanced IPAC control measures were in place with respect to infection prevention and control.

There was no additional precaution signage posted on resident #006’s door. The resident exhibited with specified symptoms and was placed on additional precautions.

RPN #104 posted an additional precaution signage on the resident’s door immediately after it was brought to their attention by the inspector.

Sources: Observation (June 27, 2022), Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 22, 2022), Interviews with RPN #104, ADOC and other staff.

Date Remedy Implemented: June 27, 2022 [500]

COMPLIANCE ORDER CO#001 FLTCA, 2021, DUTY TO PROTECT

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

Non-compliance with: FLTCA, 2021 s. 24

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (b) prepare, submit and implement a written plan for achieving compliance with a requirement under this Act. 2021

Compliance Plan [FLTCA, 2021, s. 155 (1) (b)]

Specifically, the licensee shall prepare, submit, and implement a plan to ensure that residents are protected from sexual abuse by resident #003.

The plan must include but is not limited to:

- 1) Short term and long-term interventions to manage resident #003’s sexually abusive behaviour to protect residents in the home.
- 2) Monitoring of resident #003 for responsive behaviors daily on all shifts for three weeks or until behavior is no longer a threat.

Please submit the written plan for achieving compliance for inspection #2022_1396_0001 to Nital Sheth, LTC Homes Inspector, MLTC, by email to TorontoSAO.MOH@ontario.ca by July 25, 2022

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

Non-compliance with: FLTCA, 2021 s. 24

The licensee has failed to protect resident #001 and #002 from sexual abuse by resident #003.

Rationale and Summary

Resident #003 had a history of sexually abusive behaviour towards staff. PSW #105 witnessed an incident where resident #003 was sexually abusive towards resident #002. Resident #002 was emotionally upset and in pain. During the home's investigation, resident #002's room mate resident #001 reported that resident #003 was sexually abusive towards them before approaching resident #002.

Resident #003's sexually abusive behaviour had posed increased risk to physical and emotional health of other residents.

There was emotional harm and risk of physical harm to resident #001 and #002 from resident #003's sexually inappropriate behaviour.

Sources: CIS report, progress notes, risk management, the home's investigation record, policy (#LTC-CA-WQ-100-05-02, titled, Abuse Allegations and Follow-up), interviews with PSW #105, RN #106 and other staff.

[500]

This order must be complied with by August 2, 2022

COMPLIANCE ORDER CO#002 LTCHA, 2007 DUTY TO PROTECT

NC#03 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: LTCHA, 2007 s. 19

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (b) prepare, submit and implement a written plan for achieving compliance with a requirement under this Act. 2021

Compliance Plan [FLTCA, 2021, s. 155 (1) (b)]

Specifically, the licensee shall prepare, submit and implement a plan to ensure that residents on the identified home area are protected from physical abuse by resident #008.

The plan must include but is not limited to short term and long-term interventions to manage resident #008's physically abusive behaviour to protect other residents in the identified home area.

Please submit the written plan for achieving compliance for inspection #2022_1396_0001 to Nital Sheth, LTC Homes Inspector, MLTC, by email to TorontoSAO.MOH@ontario.ca by July 25, 2022

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

Non-compliance with: LTCHA, 2007 s. 19 (1)

The licensee has failed to protect resident #007 from physical abuse by resident #008.

Rationale and Summary

Resident #008 had a history of physical and verbal behaviours towards staff during care. PSW #109 assisted resident #008's room mate in the washroom and heard a verbal altercation between residents. Upon checking PSW #109 witnessed resident #008 being physically abusive to resident #007 and caused injury.

Sources: CIS report, progress notes, risk management report, the home's investigation record, policy (#LTC-CA-WQ-100-05-02, titled, Abuse Allegations and Follow-up), interviews with RN #108, DOC and other staff.

[500]

This order must be complied with by August 2, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE

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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto ON M2M 4K5
Telephone: 1-866-311-8002
TorontoSAO.moh@ontario.ca

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:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: 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:



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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto ON M2M 4K5
Telephone: 1-866-311-8002
TorontoSAO.moh@ontario.ca

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: 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.