



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 12, 2018	2018_619550_0005	026671-17	Follow up

Licensee/Titulaire de permis

Centre d'Accueil Roger Seguin
435 Lemay Street Clarence Creek ON K0A 1N0

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

Centre d'Accueil Roger Seguin
435 Lemay Street Clarence Creek ON K0A 1N0

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

JOANNE HENRIE (550)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April 23, 24 and 25, 2018.

This inspection is a Follow-up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, Personal Support Workers and residents.

In addition, the inspector reviewed resident health care records and the licensee's policy on abuse including training related to this policy. The inspector observed resident care and services and staff and resident interactions.

The following Inspection Protocols were used during this inspection:
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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_621547_0011		550



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. 101. Conditions of licence

Specifically failed to comply with the following:

s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

Findings/Faits saillants :



1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On October 26, 2017, the following compliance order (CO) #001, from inspection number 2017_621547_0011 was made under LTCHA, 2007, c. 8, s. 19:

The licensee shall ensure that residents of the home are protected from abuse by anyone; to that effect the licensee shall prepare, submit and implement a plan for achieving compliance to include the following:

1. Take immediate action to effectively protect residents from resident #022;
2. Revise the plan of care of resident #022 to ensure the planned interventions are implemented and effective in managing the resident's specified responsive behaviours;
3. Ensure clear directions are provided to all staff providing direct care to residents with responsive behaviours, including resident #022, to ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between residents, in accordance with O. Reg. 79/10, section 54;
4. Revise the Zero Tolerance of Abuse and Neglect of Residents' policy, including all of the abuse definitions, with particular attention to what constitutes sexual abuse to reflect the requirements set in LTCHA, 2007 s.20 and O. Reg 79/10 s.96, s.97, s.98 and s.99;
5. Retraining of all staff on their obligations under the revised Zero Tolerance of Abuse and Neglect policy with particular attention to the requirement of every person to immediately report every alleged, suspected or witnessed incident of abuse of a resident both to the Director in accordance with LTCHA, 2007 s. 24 and to the appropriate individuals identified within the home. This retraining needs to be documented and evaluated to ensure all staff recognize resident abuse and neglect.
6. Ensure the annual training on the Zero Tolerance of Abuse and Neglect policy in accordance with LTCHA, 2007 s.76(4). Ensure that all staff, including all volunteers, supervisors and managers, and those that provide direct care to residents and/or work in the home pursuant to a contract/agreement between the Licensee and third party, receive this training.
7. The plan shall identify the time line for completing the tasks and who will be responsible for completing those tasks.

The compliance date was February 14, 2018.

On April 23, 2018, the policy titled "Prevention des abus, mauvais traitements et/ou négligence", number ADM DG 1217 was reviewed by inspector #550 and met the



requirement for CO #001, steps 1, 2, 3 and 7. The inspector further noted that steps 4, 5 and 6 were not completed.

On page 10 of the abuse prevention policy noted above, it was documented that when a presumed, suspected or observed incident of abuse or neglect is considered a criminal offense under the Criminal Code, it must be reported to the police. The policy does not indicate that the police force is to be immediately notified of any alleged, suspected or witnesses incidents of abuse or neglect of a resident that the licensee suspects may constitute a criminal offense as per O. Reg. 79/10, s. 98 (step 4). The inspector was not able to find any documentation in the policy regarding the identification of the training and retraining requirements for all staff, including, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations as per O. Reg. 79/10, s. 96. (e) (i) and (ii) (step 4). There was no documentation to indicate that an analysis of every incident of abuse or neglect of a resident at the home is to be undertaken promptly after the licensee becomes aware of it, as per O. Reg. 79/10, s. 99. (a) (step 4).

The inspector reviewed the licensee's prevention of abuse policy with the Administrator. The Administrator said to the inspector that the requirements as per O. Reg. 79/10, s. 96. (e) (i) and (ii), s. 98 and s. 99 (a) were missing from their policy and that they would review the policy to ensure all three requirements are added.

The inspector reviewed the documentation and attendance on the retraining and annual training of all staff, including volunteers, supervisors, managers and those that provide direct care to residents and/or work in the home pursuant to a contract agreement between the Licensee and a third party, on the revised Zero Tolerance of Abuse and Neglect policy (steps 5 and 6). It was documented that 14/142 (10%) employees and volunteers did not complete the training.

During an interview, the Administrator said to the inspector that 10% of the employees (including one manager) and volunteers, had not completed the retraining/training on the revised Zero Tolerance of Abuse and Neglect policy. They indicated that some of them were away on an extended leave at the time the training was provided and they did not complete it upon their return to work. Others had started the training but it was not completed at the time of the inspection.



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The Licensee failed to complete steps 4, 5 and 6 of CO #001 whereby the revised Zero Tolerance of Abuse and Neglect of Residents' policy did not contain the requirements under O. Reg. 79/10, s. 96. (e) (i) and (ii), s. 98 and s. 99 (a). Retraining and annual training was not provided to all staff and volunteers. [s. 101. (3)]

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 their Zero Tolerance of Abuse and Neglect policy contains all the requirements under O. Reg. s. 96, 98 and 99 and that retraining and retraining/annual training of this revised policy is provided to all staff and volunteers, to be implemented voluntarily.

Issued on this 12th day of June, 2018

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

Original report signed by the inspector.