Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

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

# Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée


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

**Division des opérations relatives aux soins de longue durée**
**Inspection de soins de longue durée**

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## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Mar 11, 2020 | 2020_818502_0007 | 001822-20 | Critical Incident System |

### Licensee/Titulaire de permis

Chartwell Master Care LP
7070 Derry Crest Drive MISSISSAUGA ON L5W 0G5

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

Chartwell Lancaster Long Term Care Residence
105 Military Road North P.O. Box 429 LANCASTER ON K0C 1N0

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

JULIENNE NGONLOGA (502)

## 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): March 5 and 6, 2020.**

**During the course of this inspection, Critical Incident System (CIS) #2680-000002-20 (log #001822-20) related to an allegation of abuse was inspected.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Registered Nurse, Registered Practical Nurse, Personal Support Workers (PSWs) and the resident.**

**During the course of this inspection, the inspector observed resident care, staff and resident interactions, and reviewed the residents' health care records, staff schedules, relevant licensee's policies and procedures.**

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

**During the course of this inspection, Non-Compliances were issued.**

- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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 the written policy that promotes zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident (CI) was submitted to the Ministry of Long-Term Care (MLTC) on related to an allegation of staff to resident abuse. The CI indicated that on an identified and time, resident #001 was incontinent and was assisted by a PSW. The resident reported that the PSW verbally abused them. The resident's SDM reported the concern to Registered Nurse (RN) #103.

Review of the home's policy titled Abuse Allegations and Follow-Up #LTC-CA-WQ-100-05-02, revised July 2016 indicated that all employees are required to, as a component of the licensee's internal reporting structure to ensure safety for all, report immediately to their respective supervisor/person in charge. The Administrator is accountable to ensure regulatory reporting requirements are adhered to and followed.

During the home's investigation, RN #103 stated that resident #001's SDM approached them with an allegation of abuse identified above. The RN did not document the allegation of neglect in the home's documentation system Point CLick Care (PCC) or reported it to the management team.

In separate interview, PSW #101 indicated that on an identified date, they found resident #001 incontinent in bed. The resident told them that staff of the previous shift do not change their continence care product after a specified time, they were told to wait for the staff of the next shift for care. The PSW stated that they reported the allegation to the charge nurse.

In an interview, the Administrator indicated that, when an allegation of neglect or abuse is reported to staff, they were expected to report the allegation to the administrator, who will report to the Director under the LTC Home Act. The Administrator stated that the nurse did not brought the allegation to their attention. They were made aware by the resident's SDM 17 days after the alleged incident of abuse. [s. 20. (1)]

**Issued on this 16th day of March, 2020**

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

**Original report signed by the inspector.**