

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: December 22, 2023	
Inspection Number: 2023-1182-0003	
Inspection Type: Complaint Critical Incident	
Licensee: DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.	
Long Term Care Home and City: Lancaster Long Term Care Residence, Lancaster	
Lead Inspector Manon Nighbor (755)	Inspector Digital Signature
Additional Inspector(s) Pamela Finnikin (720492)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 21, 22 and 23, 2023.

The following intake(s) were inspected:

- Intake: #00096828, Complaint related to whistle blowing.
- Intake: #00099871, Complaint related to kitchen staff qualifications and housekeeping.
- Intake: #00098475, Critical Incident System(CIS) #2680-000009-23 related to resident alleged financial abuse.

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• Intake: #00100685 (CIS) #2680-000010-23 related to alleged staff to resident verbal abuse.

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

Food, Nutrition and Hydration
Infection Prevention and Control
Whistle-blowing Protection and Retaliation
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Prevention of Abuse and Neglect. Policy to promote zero tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

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The licensee has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents, was complied with.

In October, 2023, in a couple of separate instances, a staff member was witnessed by several other staff members to have verbally abused residents by making degrading comments to and about these residents.

The licensee's Abuse and Neglect Policy, stated: The Home will immediately investigate any allegations of harm or potential harm to a resident, including as caused by abuse or neglect, and will thereafter take all appropriate action. Upon discovering an incident of suspected or witnessed abuse, a staff member is to prepare the licensee's Suspected Abuse/Neglect Report, which contains the following information and is to be provided to their Supervisor: a. what occurred, b. when it occurred, c. who was involved, including witnesses, d. where it occurred, and e. any other relevant information.

The registered staff member reported to the Acting Director of Care (DOC) in an email hours later, that they were made aware that a staff member had spoken rudely to residents. The DOC shared that they read the email, the next day, upon their arrival at the home.

The DOC confirmed that upon discovery of the allegation of verbal abuse the registered staff member did not immediately investigate, and the licensee's Suspected Abuse/Neglect Report was not completed.

One of the resident's health care records confirmed that the staff member continued to care for the resident for the remainder of their shift, after the verbal abuse incidents occurred.

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The DOC initiated an investigation the next day, upon becoming aware of the incident, the day prior.

As such, not removing the staff member from their resident care assignment immediately after the incident, and by not initiating an investigation immediately after becoming aware of the verbal abuse, placed residents at risk of further verbal abuse and potentially affected residents well-being and dignity.

Sources: Residents related health records, licensee's abuse investigation information and the Abuse and Neglect Policy Index ID: P-10, last reviewed: April 28, 2023, interviews with staff member and the DOC.



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

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