



**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
Oct 29, 2018	2018_674610_0019	004485-18, 008835-18, 009788-18, 028217-18	Critical Incident System

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Parkhill Long Term Care Residence
250 Tain Street P.O. Box 129 PARKHILL ON N0M 2K0

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 18, 19, 2018

Log #004485-18 Critical Incident #2632-000002-18 related to alleged staff to resident abuse.

Log #008835-18 Critical Incident #2632-000003-18 related to falls prevention management

Log #009788-18 Critical Incident #2632-000005-18 related to alleged staff to resident abuse.

Log #028217-18 Critical Incident #2632-000002-18 related to alleged staff to resident abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Business Manager, Regional Consultant, Food Service/Environmental Manager, Staffing Agency, and residents.

The inspector(s) also made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed, staff record reviews, and resident/staff interactions.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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

<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. 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 there was a written policy to promote zero



tolerance of abuse and neglect of residents, and shall ensure that the policy was complied with.

The home submitted to the MOHLTC CIS report #2632-000002-18, with allegations of abuse from staff to an identified resident.

The home submitted to the MOHLTC CIS report #2632-000005-18, with allegations of abuse from staff to an identified resident.

The home submitted to the MOHLTC CIS report #2632-000008-18, with allegations of abuse from staff to an identified resident.

The Ontario Regulation 79/10 defines “Emotional Abuse” means, (a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization by anyone other than a resident, (b) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

The Ontario Regulation 79/10 defines “Verbal abuse” means, (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or (b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

The home's policy “Resident Abuse-Abuse Prevention Program-Whistle Blowing Protection” stated in part that “Emotional abuse” means: Any verbal or non-verbal behaviour which demonstrates disrespect for the resident and which is perceived by the resident to diminish the residents ‘sense of identity, dignity, respect, and self-worth; emotional abuse includes, but is not limited to conduct such as the examples below: humiliation, denying, insults, teasing, belittling, disregard for residents rights, ignoring requests for assistance, threatening...” and “Verbal Abuse” means behaviors or remarks toward resident’s that may be reasonably perceived by the resident to be disrespectful and harmful that the types of verbal abuse including inappropriate tone, raised voice, demeaning, insulting, swearing, and talk that might upset a resident.



A) During an interview, an identified resident said that they had overheard staff complaining about union issues, and that staff had spoken to an identified resident about their personal life.

The identified resident also said that they were experiencing a change in condition and overheard staff speaking inappropriately about the resident.

The CIS report #2632-000002-18 showed that staff had allegedly spoken inappropriately to an identified resident during care.

During an interview a staff member concluded that they had used inappropriate language while providing care to a specific resident on more than one occasion.

The home's policy "Resident Abuse-Abuse Prevention Program-Whistle Blowing Protection" revised October 9, 2014 also stated in part examples of "Power Imbalances" of giving and receiving gifts, that has the potential to change a relationship and that any gift would be reported to your supervisor and Self-disclosure when staff share their personal information that is extensive, self-serving, or intimate was not acceptable.

An identified resident told the inspector that they have been given gifts that were provided to them after an inappropriate conversation on several occasions.

During a telephone interview the Administrator said that staff did receive education about gift giving, and that they were aware of "power in balances" and should not be giving gifts to resident of any kind and that if gifts were received/given they needed to notify management.

The Regional consultant stated that staff receive education on customer service.

Food Service/Environmental Manager said the expectation was that staff do not abuse resident's or have inappropriate conversations about themselves to residents regarding their personal issues.

B) The home submitted to the MOHLTC CIS report #2632-000005-18, where a staff member spoke inappropriately to an identified resident during care and would not allow the residents choices regarding the care.



The Regional Consultant and Food Service/Environmental Manager stated that they were not able to provide documentation on re-training for the staff after the disciplines had been served in their file.

The home's policy "Resident Abuse-Abuse Prevention Program-Whistle Blowing Protection" revised October 9, 2014 stated in part that the Supervisor/Designate was responsible to "ensure that all events related to a reported allegation investigation are documented in the resident health chart".

A record review for an identified resident showed that the home did not ensure all events related to the allegations were documented in the resident health chart, or resident business file as there was no record documentation in the health chart regarding the allegations of abuse from staff to the resident.

Food Service/Environmental Manager stated that ADOC had started the internal investigation related to the allegations and should have documented in the health care record for the identified resident and had not.

The homes policy "Resident Abuse-Abuse Prevention Program-Whistle Blowing Protection" revised October 9, 2014, also stated in part that "all staff" and volunteers will be educated on abuse and the abuse prevention including contents of the policy as part of the orientation and annually thereafter.

A review of the annual abuse training showed that the only 81 percent of the staff had been trained for the annual mandatory education in 2017.

The Business Manager and the Food Service/Environmental Manager said that all staff were to receive annual education related to zero tolerance of abuse that was part of the mandatory training in the home.

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



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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 there is a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with, to be implemented voluntarily.

Issued on this 29th day of October, 2018

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

Original report signed by the inspector.