



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

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

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

**Rapport d'inspection prévue  
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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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 24, 2019	2019_729615_0021	026509-17, 028523-17, 007791-18, 014962-18, 018045-18, 020629-18, 024536-18, 025019-18, 025488-18, 029822-18, 031039-18, 032017-18, 032124-18	Critical Incident System

### **Licensee/Titulaire de permis**

Corporation of the County of Dufferin  
151 Centre Street SHELBURNE ON L9V 3R7

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

Dufferin Oaks  
151 Centre Street SHELBURNE ON L9V 3R7

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

HELENE DESABRAIS (615), CHRISTINA LEGOUFFE (730), INA REYNOLDS (524), SAMANTHA PERRY (740)

## **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): April 15, 16, 17 and 18, 2019.

The following Critical Incident (CI) reports were inspected during this inspection:

CI #M516-000011-17/Log #026509-17 related to prevention of abuse and neglect;  
CI #M516-000014-17/Log #028523-17 related to prevention of abuse and neglect;  
CI #M516-000007-18/Log #007791-18 related to prevention of abuse and neglect;  
CI #M516-000010-18/Log #014962-18 related to prevention of abuse and neglect;  
CI #M516-000013-18/Log #020629-18 related to prevention of abuse and neglect;  
CI #M516-000015-18/Log #024536-18 related to prevention of abuse and neglect;  
CI #M516-000016-18/Log #025019-18 related to prevention of abuse and neglect;  
CI #M516-000023-18/Log #032124-18 related to prevention of abuse and neglect;

CI #M516-000012-18/Log #018045-18 related to falls prevention;  
CI #M516-000017-18/Log #025488-18 related to falls prevention;  
CI #M516-000019-18/Log #029822-18 related to falls prevention;  
CI #M516-000021-18/Log #031039-18 related to falls prevention;  
CI #M516-000022-18/Log #032017-18 related to falls prevention;

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), two Registered Nurse Unit Coordinators (RNUC), one Registered Nurse Resident Assessment Instrument Coordinator (RNRAI-Coordinator), one Registered Practical Nurse Behavioural Support Ontario (RPN-BSO), five Registered Practical Nurses (RPNs), one Housekeeping Aide (HA) and three Personal Support Workers (PSWs).

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

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)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

#### Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

#### Légende

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
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).

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**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) A review of Critical Incident System (CIS) report M516-000011-17 submitted to the Ministry of Health and Long-Term Care (MOHLTC) on a specific date showed that a resident's family had informed a staff member the previous day of an alleged physical abuse that had occurred two days before.

A review of the home's policy titled "Abuse Policy" #GN 3-020 with revised date January 2017, stated in part "Abuse of residents is not tolerated at Dufferin Oaks. However, if abuse does occur, any persons who witness or suspect it are required to intervene to stop the abuse if safe to do so and immediately report it."

A record review of the resident's progress notes in Point Click Care (PCC) and the home's investigation concurred with the CI's information provided by the home.

During an interview, the Director of Care (DOC) acknowledged that the RPN working that specific date had not complied with the home's policy by not reporting immediately the alleged abuse. The DOC said that the expectation was that staff report immediately if they suspect or witness any abuse or neglect to their supervisor, manager, or to the charge nurse. (524)

B) A review of CIS report M516-000013-18 submitted to the MOHLTC on specific date documented an incident of alleged staff to resident abuse two days prior.

A review of the home's investigation notes showed that a housekeeping staff member



had reported that they had witnessed a personal support worker being physically abusive to a resident two days prior.

During an interview, the DOC said that the housekeeping staff had reported the incident to their manager two days later and that the expectation was that staff report immediately if they suspect or witness any abuse or neglect to their supervisor, manager, or to the charge nurse. (524)

C) A review of the CI #M516-000023-18 submitted by the home on a specific date documented that a resident was physically abusive to a resident that resulted in an injury.

During the record review of the resident progress notes in PCC, on three occasions that resident was physically abusive to residents.

A review of the home's policy #GN 3-020 "Abuse Policy" last revised January 2017, stated in part "Reporting: If Dufferin Oaks know of or has reasonable grounds to suspect abuse it will: Immediately report it to the registered nurse or manager who will notify the Ministry of Health and Long Term Care by initiating a online Critical Incident Report or by calling the Ministry's after hours emergency pager number."

During an interview, a Registered Nurse (RN) Coordinator, confirmed that the three physical abuse incidents above mentioned were not reported to the Director of Care (DOC).

During interviews, the DOC and the RN Coordinator, both said that the expectation was that staff report immediately if they suspect or witness any abuse or neglect to their supervisor, manager, or to the charge nurse. [s. 20. (1)]



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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 the written policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.***

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Issued on this 25th day of April, 2019

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

**Original report signed by the inspector.**