

**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**Central West Service Area Office  
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<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>
Oct 13, 2020	2020_760758_0016	015603-20	Critical Incident System

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**Licensee/Titulaire de permis**Eden House Care Facility Inc.  
c/o 2663649 Ontario Inc. 295 Adelaide Street West, Suite 4007 TORONTO ON M5V  
0L4**Long-Term Care Home/Foyer de soins de longue durée**Eden House Nursing Home  
5016 Wellington County Road 29, R.R. #2 GUELPH ON N1H 6H8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DANIELA LUPU (758), SHARON PERRY (155)

**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): September 28-30, 2020.**

**The following intake was completed in this Critical Incident inspection:**

**Log #015603-20, related to abuse.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Clinical Coordinator, Unit Clerk, Registered Nurses (RN), Personal Support Workers (PSW), and a resident.**

**The inspector(s) reviewed relevant residents' clinical records, plans of care, pertinent policies and procedures, the home's investigative records and observed resident and staff interactions.**

**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)**

**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>Légende</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 the registered nursing staff complied with the home's policy that promoted zero tolerance of abuse and neglect of residents.

A critical incident (CI) was submitted to the Ministry of Long-Term Care (MLTC), related to an incident of alleged abuse of a resident by a staff member.

The home's abuse and neglect prevention policy, required the Director of Care (DOC) or the registered nursing staff to document in the resident's record a detailed description of the incident, physical findings and the care and treatment provided. The policy also stated that while the investigation was being conducted the suspected/accused staff member should be relieved of their duties.

One day after an incident of alleged abuse of a resident, the physician's progress note documented that the nursing examination did not reveal any injuries as a result of the alleged abuse. However, the nursing documentation did not include any details of the incident, physical assessments or the care and treatment provided to the resident. The alleged staff member did not provide care to the resident after the incident, but continued to work at the home and provide care to other residents while the incident was being investigated.

Sources: critical incident report, the home's abuse and neglect prevention policy, the home's investigative records, resident's progress notes and tasks documentation and interviews with the resident and the registered nursing staff. [s. 20. (1)]

***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 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, to be implemented voluntarily.***

**Issued on this 19th day of October, 2020**

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

**Original report signed by the inspector.**