

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: June 21, 2024

Inspection Number: 2024-1543-0002

Inspection Type:

Critical Incident

Licensee: Corporation of the County of Elgin

Long Term Care Home and City: Elgin Manor, St Thomas

Lead Inspector

Christie Birch (740898)

Inspector Digital Signature

Additional Inspector(s)

Aby Thomas (000830)

Joy Kacsandi (000821)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3, 4, 7, 10, 11, 12, 13, 2024

The inspection occurred offsite on the following date(s): June 5, 6, 2024

The following intake(s) were inspected:

- Intake: #00108409 - Fall of resident injury.
- Intake: #00112572 - Alleged resident to resident abuse.
- Intake: #00113380 - Alleged resident to resident abuse.
- Intake: #00114186 - Fall of resident with injury.
- Intake: #00114771 - Alleged neglect of a resident by staff.
- Intake: #00117557 - Alleged resident to resident abuse.

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Christy Legouffe (730) attended the inspection on June 3, 4, 2024.
Tawnie Urbanski (754) attended the inspection on June 7, 2024.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Duty to protect

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall,

1. Provide retraining to all staff who provide care to residents, in Falls Prevention and Management, specifically, post falls procedures.
2. Keep a documented record of the training, who attended, who provided the training and the contents of the training.

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3. Provide retraining to all staff who provide care to residents, in documentation and process when a resident's status changes.
4. Keep a documented record of the training, who attended, who provided the training and the contents of the training

Grounds

The licensee failed to ensure that a resident was not neglected by staff.

Rationale and Summary

According to O Reg 246/22 s. 7, for the purposes of the Act and this regulation "Neglect" — means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

A critical incident (CI) was submitted to the director for a resident related to neglect of a resident by staff that resulted in harm or a risk of harm to the resident.

A resident experienced an incident, that resulted in a change of status and decreased mobility.

The resident received medical treatment two days following the incident.

The Director of Care (DOC) confirmed that the resident did not receive the required assessments and care after this incident.

As a result of the pattern of inaction of registered staff to complete assessments, this led to a lack of potential treatments and medical care to support the resident's

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health and well-being.

Sources: Record review of resident's clinical records, the home's investigation notes, and the home's Falls Prevention and Management Policy - Approval date: February 21, 2012, Last Revision Date: June 2023; Last Review Date: March 202; interviews with staff and management. [740898]

This order must be complied with by

July 26, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.