

**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**

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**Public Copy/Copie du rapport public**

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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>
Dec 17, 2021	2021_800532_0021	018647-21	Proactive Compliance Inspection

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**Licensee/Titulaire de permis**

Corporation of the City of Guelph  
c/o The Elliott Long Term Care Residence 170 Metcalfe Street Guelph ON N1E 4Y3

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

The Elliott Long Term Care Residence  
170 Metcalfe Street Guelph ON N1E 4Y3

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

NUZHAT UDDIN (532), KATHERINE ADAMSKI (753)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Proactive Compliance Inspection.**

**This inspection was conducted on the following date(s): November 22, 2021 and December 1-2, 2021.**

**Log #018647-21 related to Proactive compliance inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Infection Prevention and Control Lead, Behavioural Support Ontario (BSO) Nurse, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Dietary staff, Residents' Council President, Family Council President, residents and family members.**

**The inspectors also toured resident home areas, observed resident care provision, dining, medication administration, resident to staff interaction and reviewed relevant residents' clinical records and IPAC practices.**

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

**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Responsive Behaviours  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)  
3 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24.  
Reporting certain matters to Director**

**Specifically failed to comply with the following:**

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a person who had reasonable grounds to suspect that any of the following has occurred or may occur, immediately report the suspicion and the information upon which it was based to the Director: verbal abuse of a resident by anyone that resulted in harm or risk of harm.

A review of the Ministry of Long Term Care (MLTC) Critical Incident (CI) reporting system from January 1 to December 1, 2021, showed that CIs related to several incidents of suspected verbal abuse were not submitted to the Director as per the Long Term Care Home Act, 2007.

During an identified time, there were expressions of threatening or intimidating behaviours from an identified resident directed towards co-residents. During one of the incidents, resident's verbal expressions scared other residents.

Multiple direct care staff interviewed stated that they suspected the resident's comments were verbally abusive because the resident was capable of appreciating the consequences of their behavior and the resident may have some capacity to understand the remarks. Direct care staff stated that management was aware of the incidents through extensive documentation and conversations related to the incidents.

The Director of Care (DOC) acknowledged that they witnessed incidents of resident to resident verbal abuse in the home, and they did not always report the incidents to the MLTC.

Additionally, the home's Behavioral Supports Ontario (BSO) Program policy (implemented September 2012) documented that the verbal aggression included anything that was said in an angry tone and/or angry body language, however, verbal aggression was not verbal abuse.

When the home did not report all alleged, suspected, or witnessed incidents of verbal abuse to the Director, there was a risk that the home had normalized the behaviours.

Sources: Observations of resident's interactions, interviews with the DOC and other staff, CI reporting system, electronic medical charts including progress notes for residents, BSO Program policy (implemented September 2012). [s. 24. (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 a person who has reasonable grounds to suspect that any of the following has occurred or may occur, immediately report the suspicion and the information upon which it is based to the Director: abuse of a resident by anyone that resulted in harm or risk of harm, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 55. Behaviours and altercations**

**Every licensee of a long-term care home shall ensure that,**

**(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and**

**(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of a resident's behaviours, including responsive behaviours, and that minimized the risk of altercations and potentially harmful interactions between and among residents.

a) Staff stated that a resident frequently exhibited inappropriate verbal expressions of a responsive nature, and they could understand the consequences of their behaviours.

Between an identified time, there were number of incidents of inappropriate language

from the resident directed towards staff and co-residents.

Current interventions for managing resident's behaviours were only effective some of the time, and when they were not effective, the behaviours continued. The interventions did not include strategies for minimizing verbally inappropriate language.

Resident had not been referred to the home's Behavioural Support Ontario (BSO) Program and registered staff as well as the BSO leads were unsure of the criteria required for referring residents to the program. BSO Lead was aware of the resident's behaviours but did not know why the resident had not been formally referred to the program.

When procedures and interventions were not developed and implemented to minimize the risk of altercations and harmful interactions between the resident and other residents and staff, co-residents felt scared and staff felt belittled.

Sources: Interviews with the BSO Leads, RN, resident electronic medical chart in Point Click Care, current Kardex, and care plan related to responsive behaviours, interviews and observations of residents.

b) Staff stated that a resident frequently exhibited verbal expressions of a responsive nature and that they had some capacity to understand the environment around them and communication directed to them.

A resident was observed having responsive behaviours on several occasions, despite staff implementing interventions from their care plan. Staff stated that interventions related to resident's responsive behaviours were only effective some of the time. There were three incidents of inappropriate language directed towards a specified resident in response to co-resident's responsive behaviours.

The resident had been referred to the home's Behavioural Support Ontario (BSO) Program when they were first admitted to the home, however, there was no follow-up assessment or discharge note documented and staff reported that the resident was not currently in the BSO program.

When procedures and interventions were not developed and implemented to minimize the risk of altercations and harmful interactions between a resident and other resident, the resident was at risk of emotional harm.

Sources: Interviews with the BSO Leads and other staff, resident's electronic medical chart in Point Click Care including progress notes, observations of resident, resident electronic medical chart in Point Click Care including progress notes assessments, current kardex and care plan. [s. 55. (a)]

***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 procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and that minimize the risk of altercations and potentially harmful interactions between and among residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that staff participated in the home's Infection Prevention and Control (IPCA) program.

The home's Infection Control Policy "Hand Hygiene" policy IC-1- 030 dated September 2010, stated that residents should be encouraged and or assisted to perform hand hygiene (HH), prior to eating. Residents unable to perform hand hygiene independently should be assisted to do so by staff.

Observations made on November 22-23, 2021, showed the following:

- a) The residents on Wellington home area were not reminded, encouraged, or assisted with performing hand hygiene before and after meals or during snacks. There was an alcohol based hand rub (ABHR) sitting on the desk for the residents to perform HH as they passed the nursing station, however, one of the staff removed the ABHR away from the front desk. The residents continued to go into the dining room without hand hygiene.
- b) Dietary staff entered rooms on Eramosa and offered residents morning snack without reminding, encouraging or assisting them with hand hygiene.
- c) A resident on Paisley was offered afternoon snack in their room and they were not reminded, encouraged or assisted with hand hygiene prior to being provided the snack.
- d) A resident stated that staff do not encourage, assist or remind residents to perform hand hygiene prior to entering the dining room for meals on Wellington.

The lack of hand hygiene around meal and snack service increased the risk of infectious disease transmission throughout the home.

Sources: observations and interviews conducted on the Eramosa, Paisley and Wellington home areas. Policy review, interview with IPAC Lead, residents, Ontario evidence-based hand hygiene (HH) program, "Just Clean Your Hands" (JCYH). (753) [s. 229. (4)]

***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 staff participate in the home's Infection Prevention and Control (IPCA) program, to be implemented voluntarily.***

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**Issued on this 21st day of December, 2021**

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

**Original report signed by the inspector.**