

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: January 22, 2024

Inspection Number: 2024-1171-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Laurier Manor, Gloucester

Lead Inspector

Lisa Cummings (756)

Inspector Digital Signature

Additional Inspector(s)

Linda Harkins (126)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 9, 10, 11, 12, 15, 16, 17, 18, 2024

The inspection occurred offsite on the following date(s): January 10, 2024

The following intake(s) were inspected:

- Intake #00102396: A complaint regarding food and nutrition and an allegation of sexual abuse.
- Intake #00101736 (CI #2665-000052-23): An allegation of resident to resident sexual abuse.
- Intake #00102603 (CI #2665-000053-23): An allegation of staff to resident abuse.

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- Intake #00102723 (CI #2665-000054-23): An allegation of resident to resident sexual abuse.
- Intake #00102782 (CI #2665-000055-23): A fall that caused injury that required a transfer to hospital and caused a significant change in health status.
- Intake #00103108 (CI #2665-000056-23): An allegation of resident to resident physical abuse.
- Intake #00104329 (CI #2665-000058-23): An allegation of resident to resident physical abuse.
- Intake #00105381 (CI #2665-000001-24): A fall that caused injury that required a transfer to hospital and caused a significant change in health status.

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

Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

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Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The licensee has failed to ensure that a Personal Support Worker (PSW) complied with the licensee's policy to promote zero tolerance of abuse of residents.

Specifically, the PSW did not comply with the licensee's policy 'Zero Tolerance of Resident Abuse and Neglect Program: Response and Reporting' which stated that any staff member who has witnessed alleged abuse of a resident would immediately report it to the most senior supervisor on that shift. An Assistant Director of Care (ADOC) stated that the process would be for a PSW to report the alleged abuse to the Registered Practical Nurse (RPN) on their unit, who would then report to the Registered Nurse (RN) in charge. The PSW stated they witnessed two residents kissing and did not report this to registered nursing staff.

Sources: Zero Tolerance of Resident Abuse and Neglect Program: Response and Reporting, interviews with a PSW, an RPN and an ADOC.

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WRITTEN NOTIFICATION: Directives by Minister

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

Directives by Minister

Binding on licensees

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s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that the Minister's Directive 'COVID-19 response measures for long-term care homes' was complied with in regards to conducting a weekly Infection Prevention and Control (IPAC) audit when a COVID-19 outbreak was declared.

Sources: IPAC self audits, a Critical Incident, Minister's Directive: COVID-19 response measures for long-term care homes, COVID-19 guidance document for long-term care homes in Ontario, and an interview with the IPAC Lead.

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WRITTEN NOTIFICATION: Responsive behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

1) The licensee has failed to ensure that written strategies were developed to respond to a resident's sexual responsive behaviours with two other residents.

Sources: Resident healthcare record, interviews with an RN, an ADOC, and the Director of Care (DOC).

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2) The licensee has failed to ensure that written strategies were developed to respond to a resident's sexual responsive behaviours with another resident.

Sources: Resident healthcare record, interviews with an RPN and an ADOC.

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3) The licensee has failed to ensure that written strategies were developed to respond to a resident's sexual behaviours with another resident.

Sources: Resident healthcare record, interviews with an RPN and an ADOC.

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WRITTEN NOTIFICATION: Complaints — reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 111 (1)

Complaints — reporting certain matters to Director

s. 111 (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

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The licensee has failed to ensure that a written complaint letter regarding an allegation of abuse involving a resident was reported to the Director.

Sources: Complaint letter and interview with the DOC.

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