



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

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

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

**Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue**

Health System Accountability and Performance Division  
 Performance Improvement and Compliance Branch  
 Division de la responsabilisation et de la performance du système de santé  
 Direction de l'amélioration de la performance et de la conformité

London Service Area Office  
 291 King Street, 4th Floor  
 LONDON, ON, N6B-1R8  
 Telephone: (519) 675-7680  
 Facsimile: (519) 675-7685

Bureau régional de services de London  
 291, rue King, 4<sup>ième</sup> étage  
 LONDON, ON, N6B-1R8  
 Téléphone: (519) 675-7680  
 Télécopieur: (519) 675-7685

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Date(s) of Inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 20, 26, 2011	2011_087128_0009	Critical Incident

**Licensee/Titulaire de permis**

EXTENDICARE TORONTO INC  
 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE LONDON  
 860 WATERLOO STREET, LONDON, ON, N6A-3W6

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

RUTH HILDEBRAND (128)

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

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care, and the Admissions Coordinator/Social Worker.

During the course of the inspection, the inspector(s) reviewed one resident's clinical records, the internal investigation report, policies and procedures related to resident abuse, staff training related to resident abuse, posting of Residents' Rights, zero tolerance of abuse and mandatory reporting.

The following Inspection Protocols were used in part or in whole during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Definitions	Définitions
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.

**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 subsections:**

**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 sayants :**

1. On July 20, 2011, at 10:29 a.m., the home's Resident Abuse policy, # 02-06-01, dated September 2010, was reviewed to determine compliance with the procedures used during the internal investigation of the Critical Incident of alleged abuse submitted to the MOHLTC, on May 3, 2011. The policy was not complied with related to formal documentation of events during the home's internal investigation.

On July 20, 2011, at 11:05 a.m., a staff interview was conducted with the Director of Care to gauge her knowledge related to the Resident Abuse policy, # 02-06-01, dated September 2010. She acknowledged that the procedures outlined in the Resident Abuse policy were not complied with in terms of formal documentation of events during the investigation of the alleged incident of abuse related to the Critical Incident submitted to the MOHLTC, on May 3, 2011.

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training  
Specifically failed to comply with the following subsections:**

**s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:**

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

**Findings/Faits sayants :**

1. On July 20, 2011, at approximately 11:40 a.m., the staff education records were reviewed to determine if the licensee ensured that all staff at the home received training on the home's policy to promote zero tolerance of abuse. There was no evidence to support that dietary, housekeeping, laundry, maintenance and activation staff have received training related to zero tolerance of abuse.

On July 20, 2011, at approximately 11:55 a.m., a staff interview was conducted with the Director of Care to gauge her knowledge related to training received by all staff at the home related to zero tolerance of abuse. Additional information was received from the Director of Care via telephone, on July 21, 2011 at 3:20 p.m., which confirmed that only the nursing staff in the home have received training related to zero tolerance of abuse.

**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 all staff at the home receive training on the home's policy to promote zero tolerance of abuse, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act**

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

- s. 104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:**
- 1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.**
  - 2. A description of the individuals involved in the incident, including,**
    - i. names of all residents involved in the incident,**
    - ii. names of any staff members or other persons who were present at or discovered the incident, and**
    - iii. names of staff members who responded or are responding to the incident.**
  - 3. Actions taken in response to the incident, including,**
    - i. what care was given or action taken as a result of the incident, and by whom,**
    - ii. whether a physician or registered nurse in the extended class was contacted,**
    - iii. what other authorities were contacted about the incident, if any,**
    - iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and**
    - v. the outcome or current status of the individual or individuals who were involved in the incident.**
  - 4. Analysis and follow-up action, including,**
    - i. the immediate actions that have been taken to prevent recurrence, and**
    - ii. the long-term actions planned to correct the situation and prevent recurrence.**
  - 5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 104 (1).**

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**Findings/Faits sayants :**

1. On July 20, 2011 at 8:45 a.m., the Critical Incident report submitted to the MOHLTC, on May 3, 2011, was reviewed to ensure all required information was submitted. The report does not include all the additional details of the investigation and any follow-up actions, including long-term actions planned to correct the situation and prevent recurrence.

On July 20, 2011, at 9:55 a.m., a staff interview was conducted with the Director of Care to gauge her knowledge related to the Critical Incident report submitted to the MOHLTC, on May 3, 2011. She acknowledged that an amended report was not submitted to the Ministry outlining the additional details of the investigation and any follow-up actions, including long-term actions planned to correct the situation and prevent recurrence.



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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 reports to the Director include follow-up actions, including long-term actions planned to correct the situation and prevent recurrence, to be implemented voluntarily.***

Issued on this 29th day of July, 2011

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

A handwritten signature in cursive script that reads "Ruth Heidelbrand".