



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection June 7, 8, 9, 14, 2011	Inspection No/ d'inspection 2011_162_2556_07Jun111653	Type of Inspection/Genre d'inspection Critical Incident 2556-000011-11 T-586
Licensee/Titulaire Chartwell Masters Care LP 100 Milverton Drive, Suite 700, Mississauga, Ontario, L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée The Gibson Long Term Care Centre 1925 Steeles Avenue East, North York, Ontario M2H 2H3		
Name of Inspector(s)/Nom de l'inspecteur(s) Tiina Tralman 162		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Resident Service, Director of Clinical Services, Social Worker, Registered staff, Personal Support Workers

During the course of the inspection, the inspector:

- Conducted a walk through of resident home areas and common areas
- Reviewed resident's health care record
- Reviewed the home's Abuse Prevention Program and policies and procedures
- Reviewed inservice education program provided to staff related to Licensee policies

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

- Prevention of Abuse and Neglect Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 c. 8 s. 76. (2) 3. Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
3. The licensee's policy to promote zero tolerance of abuse and neglect of residents.

Findings:

1. The Director of Clinical Services confirmed to Inspector identified staff did not attend mandatory training held August 24, 26, 28, 2011, 2010 on the licensee's policy to promote zero tolerance of abuse and neglect of residents prior to the reported incident of involving an identified resident.

Inspector ID #: 162

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 all staff at the home receive training on the long term care home's policy to promote zero tolerance of abuse and neglect of residents prior to performing their responsibilities, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Title: **Date:**

Date of Report: (if different from date(s) of inspection).