



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des Soins  
de longue durée

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

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du public**

---

<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>
Feb 11, 2019	2019_638542_0008	005827-18, 011642- 18, 012230-18, 016845-18, 026761-18	Critical Incident System

---

**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

---

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

Extendicare Van Daele  
39 Van Daele Street SAULT STE. MARIE ON P6B 4V3

---

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

JENNIFER LAURICELLA (542)

---

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

---



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

**This inspection was conducted on the following date(s): February 4 - February 6, 2019.**

**A Follow Up Inspection was completed concurrently with this Critical Incident Inspection.**

**The following intakes were completed during this CI Inspection:**

**Two Critical incidents that were submitted to the Director, related to staff to resident verbal abuse,**

**One Critical Incident report that was submitted to the Director, related to falls prevention and,**

**Two Critical Incident reports that were submitted to the Director, related to the medication program.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Physiotherapists (PT), Personal Support Workers (PSWs), Behavioural Support Staff and residents.**

**The Inspector also conducted a tour of the resident care areas, reviewed resident care records, home investigation notes, home policies, observed resident rooms, resident common areas, and the delivery of resident care and services, including resident-staff interactions.**

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

**Falls Prevention**

**Medication**

**Prevention of Abuse, Neglect and Retaliation**



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

- 1 WN(s)
- 1 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>



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

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

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

**Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée***

---

**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:**

**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 saillants :**



1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

A Critical Incident (CI) report was submitted to the Director, alleging staff to resident verbal and emotional abuse in June, 2018.

Verbal abuse is defined within the Ontario Regulation 79/10, as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

Inspector #542 reviewed the home's investigation file related to the CI report. It was determined that PSW #105 was found to be verbally abusive towards resident #002.

Inspector #542 interviewed the Director of Care (DOC) who indicated that, PSW #105 received further discipline for another incident of verbal abuse towards a different resident. A Critical Incident (CI) report was submitted to the Director regarding the second incident.

Inspector #542 reviewed the CI report that was submitted for the second incident of verbal abuse towards resident #006 by PSW #105. It was documented that PSW #105 was verbally abusive towards resident #006. The home completed their investigation which resulted in PSW #105 receiving further discipline.

The home's policy titled "Zero Tolerance of Resident Abuse and Neglect Program – RC-02-01- 01" last updated April 2017, identified verbal abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident. The policy identified examples of verbal abuse as inappropriate tone of voice, abusive language, yelling, swearing, rude, offensive or sexual comments or gestures. [s. 20. (1)]



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des Soins  
de longue durée

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

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

***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 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, to be implemented voluntarily.***

---

Issued on this 13th day of February, 2019

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

**Original report signed by the inspector.**