



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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  
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## Public Copy/Copie du public

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| <b>Report Date(s) /<br/>Date(s) du apport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|---|---|--------------------------------|--|
| May 22, 2015                                  | 2015_320612_0006                              | S-000834-15, S-000819<br>-15   | Critical Incident<br>System                        |

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### Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE YORK  
333 YORK STREET SUDBURY ON P3E 5J3

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

SARAH CHARETTE (612)

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## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): April 20, 21, 22 and 23, 2015**

**During the course of the inspection, the inspector(s) spoke with Director of Care, Assistant Directors of Care, Registered Nurses, Registered Practical Nurses, Activity Aides, Health Care Aides, Physiotherapists and Residents.**

**The inspector(s) also reviewed residents' health care records, reviewed policies and procedures, walked through various resident care areas, observed the delivery of resident care and staff-to-resident interactions.**

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

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**

**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)**

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

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>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> |

**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 home's written policy to promote zero tolerance of abuse of residents was complied with.

Inspector #612 reviewed a Critical Incident Report related to an alleged abuse towards resident #006 by S#-115.

The report identified that resident #006 was being taken back to their room because the resident was exhibiting responsive behaviours. The report also indicated that S#-111 witnessed the incident and observed S#-115 to grab resident's wrists and hold them down, shaking resident from side to side. Resident #006 continued to exhibit the responsive behaviours. S#-115 was then observed by S#-111 to continue to be physically forceful with resident #006. At this point S#-111 intervened. The nurse in charge was notified.

In an interview with inspector #612, S#-111 confirmed that they observed S#-115 as described in the critical incident. S#-111 confirmed that they intervened.

As a result of the home's investigation, S#-115 was disciplined.

Inspector #612 reviewed the home's policy titled: Resident Abuse- Staff to Resident, policy reference #OPER-02-02-04. The policy identified the following:

- There is zero tolerance of abuse towards a resident
- Physical abuse is defined as "any action including, but not limited to: pushing, slapping, pinching hitting and excessive force in the provision of care
- All staff are responsible to ensure that they understand and comply fully with the Resident Abuse- Staff to Resident policy and procedures. [s. 20. (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 the written policy that promotes zero tolerance of resident abuse is complied with, to be implemented voluntarily.***



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**Issued on this 22nd day of May, 2015**

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

**Original report signed by the inspector.**