



**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 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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 27, 2018	2018_603194_0004	024887-17, 025253-17, 001281-18	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the City of Peterborough and The Corporation of the County of Peterborough
c/o Fairhaven 881 Dutton Road PETERBOROUGH ON K9H 7S4

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

Fairhaven
881 Dutton Road PETERBOROUGH ON K9H 7S4

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

CHANTAL LAFRENIERE (194)

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): January 29, 30, February 1 and 2, 2018

Inspection for Critical incident Logs #024887-17, #025253-17 and #001281-18 for allegation of resident to resident abuse

During the course of the inspection, the inspector(s) spoke with Residents, Executive Director, Director of Care (DOC), Resident Care Coordinator (RCC), Behaviour Support Ontario (BSO), Registered Practical Nurse (RPN) and Personal Support Worker (PSW)

Observed staff to resident provision of care, reviewed identified residents clinical health records, licensee's internal abuse investigation records, staffs education records and relevant policies

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
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 VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</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>

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 that promotes zero tolerance of abuse and neglect of residents RCM-RR-590 was complied with.

On an identified date a Critical Incident Report was submitted for a witnessed incident of resident to resident abuse. The CI described that PSW #107 reported to RN #110 that an incident of abuse had occurred involving resident #006 and resident #007.

The licensee's "Zero Tolerance of Abuse and Neglect " RCM-RR-590 policy, dated November 6, 2017, directs:

It is mandatory that all staff of Fairhaven report any act, report of act, or allegation of resident abuse to a member of the registered staff or management team as soon as incident occurs.

Resident #006 is identified in the plan of care with cognitive impairments but is able to ambulate independently with use of a walker within the home. Resident #007 is identified in the plan of care with cognitive impairments, required assistance with transfers, but able to ambulate independently at times, with use of a walker in the home.

Review of the progress noted indicated that on identified date, PSW #113 reported to RPN #111 a witnessed abuse incident involving resident #006 and resident #007.

During interview with inspector #194, RPN #111 indicated being on duty during the incident reported by PSW #113. RPN #111 indicated that PSW #113 reported the abuse and RPN forgot to notify the RN.

The following day, PSW #107 reported to RPN #110 a witnessed abuse incident involving resident #006 and resident #007.

During an interview with inspector #194, RPN #110 indicated being the RPN on duty during the incident reported by PSW #107. RPN #110 indicated that PSW #107 reported the abuse incident but RPN did not notify the RN.

The licensee's "Zero Tolerance of Abuse and Neglect " RCM-RR-590 policy was not complied with, on the two above noted dates when the RPN #110 and RPN #111 did not immediately report the abuse to the RN on duty or the management team. [s. 20. (1)]



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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 by ensuring that all staff comply with the licensee's "Zero Tolerance of Abuse and Neglect " RCM-RR-590 policy, to be implemented voluntarily.

Issued on this 28th day of March, 2018

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

Original report signed by the inspector.