



**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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Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 20 and 21, 2010	2010_147_2745_21Oct143450	Critical Incident – H-01065
Licensee/Titulaire Holland Christian Homes Inc. 7900 McLaughlin Road South Brampton, ON L6Y 5A7		
Long-Term Care Home/Foyer de soins de longue durée Faith Manor 7900 McLaughlin Road South Brampton, ON L6Y 5A7		
Name of Inspector Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a Critical Incident inspection related to resident to resident physical abuse.

During the course of the inspection, the inspector spoke with:

Director of Care, Assistance Director of Care, physician, and registered staff on the unit.

During the course of the inspection, the inspector:

Reviewed resident's clinical chart, reviewed home's policy and procedure related to Resident to Resident Abuse, reviewed internal incident and investigation reports, observed care, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Responsive Behaviour

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 – O.Reg. 79/10, s. 19(1)

Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Findings:

1. An identified resident had three incidences of physical aggression towards three different residents which resulted in harm or injury to the three residents.
2. The resident was not sent for further psychiatric assessment until October 2010 which placed other



vulnerable residents at risk. Subsequently in October 2010 the police were called as the resident also assaulted the physician, the resident was then sent to hospital for further psychiatric evaluation by the police.

3. According to the home's documentation, since admission the resident has injured several other residents in the home and on numerous occasions has been verbally abusive towards staff and other residents.

Inspector ID #: 147

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 all residents who exhibit distributive behaviours are assessed and referred to external resources for further treatment and assessment 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.

 Nov 24/10.

Title:

Date:

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