

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<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>
Oct 5, 2020	2020_781729_0017	013194-20, 014905-20	Critical Incident System

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**Licensee/Titulaire de permis**

Clurelea Ltd.

c/o Good Samaritan Nursing Home 481 Victoria Street East Alliston ON L9R 1J8

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

Good Samaritan Nursing Home

481 Victoria Street East Alliston ON L9R 1J8

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

KIM BYBERG (729)

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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): September 29-30, October 1-2, 2020.**

**The following intakes were completed within the Critical Incident (CI) inspection:**

**Log #013194-20, and Log #014905-20 were related to alleged abuse.**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Resident Care, Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and Residents.**

**During this inspection, inspector(s) toured and observed resident care areas; and common areas, observed residents and the care provided to them, reviewed relevant clinical records, policies and procedures, schedules, education records; and observed the general maintenance, cleanliness, safety and condition of the home.**

**The following Inspection Protocols were used during this inspection:  
Critical Incident Response  
Prevention of Abuse, Neglect and Retaliation**

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

**2 WN(s)**

**2 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>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>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a resident was protected from verbal, emotional and physical abuse by a registered staff.

For the purposes of the definition of “abuse” in subsection 2 (1) of the Act,

"Verbal abuse" means 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.

"Emotional abuse" means any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident

"Physical abuse" means the use of physical force by anyone other than a resident that causes physical injury or pain.

During one evening a resident was unsettled, unable to communicate their needs and required increased monitoring and redirection by staff. While a PSW was assisting a resident with distraction techniques, a registered staff went into the room, yelling at the resident and forcefully threw a piece of equipment across the room. The registered staff continued to yell and mock the resident and was rough while providing care.

The Resident became more agitated, was crying and yelling at the registered staff during their interaction. The resident calmed down after the registered staff left the room and the PSW's were able to provide care.

Care and communication methods to assist the resident were in place and not provided by the registered staff. Their verbal, and physical actions towards the resident caused emotional upset and increased agitation.

Sources: Care plan for resident #001, LTCH's investigation notes, progress notes, interviews with front line staff, employee file for RN #106 and the LTCH policy titled "Resident Abuse and Neglect policy" effective May 2019. [s. 19. (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 residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff., to be implemented voluntarily.***

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**WN #2: 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. A critical Incident report (CI) was submitted to the Ministry of Long Term Care (MLTC) with an allegation of abuse towards a resident by a registered staff member.

The home's policy titled "Resident Abuse and Neglect" effective May 2019, stated all acts of abuse/neglect must be reported immediately to the Registered Nurse/Practical Nurse in charge. An employee alleged to have committed an abusive act would be removed from duty immediately.

Two PSW's witnessed what they felt was abuse and they did not report the incident immediately but waited to report to the Administrator the following day.

The alleged incident of abuse was not reported as per the home's Resident Abuse and Neglect policy. The staff member continued to work which posed ongoing risk to residents in the home.

Sources: Progress Notes for resident #001, Home's investigation file, interviews with front line staff, Mandatory Reporting and Whistle Blowing Protection Policy effective September 2018, "Resident Abuse and Neglect" effective May 2019 and Critical Incident Report. [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 without in any way restricting the generality of the duty provided for in section 19, 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, to be implemented voluntarily.***

**Issued on this 7th day of October, 2020**

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

**Original report signed by the inspector.**