



**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**

Division de la responsabilisation et de la performance du
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection March 17, 2011	Inspection No/ d'inspection 2011_146_9532_17Mar095918	Type of Inspection/Genre d'inspection H-00299 CI M532-000006-11
Licensee/Titulaire The Corporation of Haldimand County, 45 Munsee Street, Box 400, Cayuga, ON., N0A 1E0		
Long-Term Care Home/Foyer de soins de longue durée Grandview Lodge, 657 Locke Street West, Dunnville, ON., N1A 1V9		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical Incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Director of Care and the RAI coordinator</p> <p>During the course of the inspection, the inspector: reviewed manager notes regarding the critical incident, the health files of 3 identified residents and abuse policy.</p> <p>The following Inspection Protocol was used during this inspection: Prevention of Abuse, Neglect and Retaliation</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur 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 LTCHA, 2007, S.O. 2007, c.8, s.19(1)

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. The home's investigation and verification of 1 witnessed incident of staff to resident abuse revealed that 2 other witnessed staff to resident verbal and physical abuse incidents had occurred involving other residents.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. In 2 separate instances, a registered staff person was notified by a personal support worker (PSW) that an identified PSW was being verbally and physically abusive to identified residents. The registered staff person did not immediately report it to the Administrator or designate as required in the home's policy A-1.2 page 2.
2. Another PSW witnessed physical abuse of a resident by the same identified PSW and did not immediately report it to her supervisor.

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.

Title:

Date:

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

April 4, 2011