

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: April 19, 2024	
Inspection Number: 2024-1315-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP	
Long Term Care Home and City: Barnswallow Place Community, Elmira	
Lead Inspector Gurvarinder Brar (000687)	Inspector Digital Signature
Additional Inspector(s) Mark Molina (000684)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 2-4, 9-12, & 16, 2024.

The following intake(s) were inspected:

- Intake: #00111905 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils

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Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Orientation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 3.

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The licensee has failed to ensure that a Student Personal Support Worker (PSW) received training in the long-term care home's policy to promote zero tolerance of abuse and neglect, prior to performing their responsibilities.

Rationale and Summary

The Student PSW did not complete required training titled "Abuse, Neglect, and Exploitation for Canada."

The home's policy titled "Prevention of Abuse & Neglect of a Resident" stated that

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all team members were to receive training on the home's policy of zero tolerance of abuse and neglect annually and during orientation.

Failure to ensure that the Student PSW was trained in the home's policy to promote zero tolerance of abuse and neglect, may have created a gap in the PSW student's knowledge of the policy and procedures they were expected to follow.

Sources: Interview with ED; Training records; home's policy titled "Prevention of Abuse & Neglect of a Resident". [000684]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 4.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

4. Every designated lead of the home.

The licensee failed to ensure that the home's continuous quality improvement committee was composed of every designated lead of the home.

Rationale and Summary

The Director of Care indicated the home's Professional Advisory committee in 2022, was their CQI committee.

The CQI committee in 2022, did not include one of the home's designated lead.

Failure to include every designated lead of the home in the CQI committee was a missed opportunity for relevant interdisciplinary feedback pertaining to the CQI

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initiative.

Sources: CQI committee meeting minutes; Interview with the ED/ CQI Lead and with the Director of Care. [000687]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee failed to ensure that the home's continuous quality improvement committee was composed of a registered dietitian

Rationale and Summary

The Director of Care indicated the home's Professional Advisory committee in 2022, was their CQI committee.

The CQI committee in 2022, did not include the home's registered dietitian.

Failure to include the home's registered dietitian in the CQI committee was a missed opportunity for relevant interdisciplinary feedback pertaining to the CQI initiative.

Sources: CQI committee meeting minutes; Interview with the ED/ CQI Lead and with Director of Care. [000687]