

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Amended Public Report  
Cover Sheet (A1)**

<b>Amended Report Issue Date:</b> December 5, 2023	
<b>Original Report Issue Date:</b> November 3, 2023	
<b>Inspection Number:</b> 2023-1567-0004(A1)	
<b>Inspection Type:</b> Complaint Critical Incident Follow up	
<b>Licensee:</b> The Regional Municipality of Niagara	
<b>Long Term Care Home and City:</b> Linhaven, St Catherines	
<b>Amended By</b> Stephanie Smith (740738)	<b>Inspector who Amended Digital Signature</b> Stephanie Smith (740738)

**AMENDED INSPECTION SUMMARY**

This report has been amended to: Newly issued NCR #001; NC #004 to provide clarity with wording changes and grammar/spelling corrections; NC #005 was rescinded; NC #006 to provide clarity with wording changes and grammar/spelling corrections.

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<b>Lead Inspector</b> Stephanie Smith (740738)	<b>Additional Inspector(s)</b> Klarizze Rozal (740765)
<b>Amended By</b> Stephanie Smith (740738)	<b>Inspector who Amended Digital Signature</b>

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## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 19-20 and 23-25, 2023.

The following intake(s) were inspected:

- Intake: #00096347 - for a Follow-up #: 1 - High Priority Compliance Order (CO) #001 / 2023-1567-0003, LTCHA, 2007 S.O. 2007, c.8 - s. 19 (1) Duty to Protect, Compliance Due Date (CDD) October 19, 2023.
- Intake: #00096434 - for a Complaint related to concerns with staffing, prevention of abuse and neglect, responsive behaviours, and falls prevention and management.
- Intake: #00096348 - for Critical Incident (CI) (M551-000017-23) related to falls prevention and management.
- Intake: #00098903 - for a CI (M551-000023-23) related to falls prevention and management.
- Intake: #00096545 - for a CI (M551-000019-23) to falls prevention and management.
- The following intake(s) were completed in this inspection: Intake: #00097628 CI (M551-000022-23) related to falls prevention and management.

### Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1567-0003 related to LTCHA, 2007 S.O. 2007, c.8, s. 19 (1) inspected by Stephanie Smith (740738)

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

- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management

## AMENDED INSPECTION RESULTS

**(A1)**

The following non-compliance(s) has been newly issued: **NC #001**

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

#### **NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**

Non-compliance with: O. Reg. 246/22, s. 20 (f)

The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that clearly indicates when activated where the signal is coming from for a resident.

#### **Rationale and Summary**

On a specified date in October 2023, a resident was observed in their room, sitting in

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a chair near the doorway. The resident's call bell was placed on their bed and they were unable to reach it.

The Administrator confirmed that there was a wireless call bell attached to a specific equipment which was connected to the home's resident-staff communication and response system.

**Sources:** Observations, interviews with a resident, PSW, and Administrator.

**Date Remedy Implemented:** October 23, 2023 [740738]

## Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

**NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)**

Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.

The licensee has failed to ensure that a resident's identified triggers of their responsive behaviours were developed and written.

In accordance with O. Reg 246/22, s. 11(1)(b) the licensee is required to ensure that the home's Responsive Behaviour Program was fully implemented and complied with. Specifically, to ensure triggers to a resident's responsive behaviours were identified and written in their care plan.

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**Rationale and Summary**

A resident's clinical records identified their triggers for their responsive behaviours in various progress notes, behavioural alerts, and tips and trick sheets. The resident's identified behavioural triggers were not written in their care plan. On a specified date in October 2023, A Programs Manager (PM) acknowledged the resident's care plan under their responsive behaviours did not indicate their triggers as per the home's policy. On the same day, the care plan was revised and updated with the identified behavioural triggers.

**Sources:** A resident's clinical records, Responsive Behaviour Program, and an interview with a PM.

**Date Remedy Implemented:** October 23, 2023 [740765]

**WRITTEN NOTIFICATION: Plan of Care**

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the resident's care needs changed.

**Rationale and Summary**

A resident was moved to another unit at the home on a specified date in March 2023. They experienced several falls on the unit between March 2023 and September 2023. On a specified date in September 2023, the resident fell and sustained an injury. The day after the fall, the care plan, which was part of the

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resident's plan of care, was updated to include an intervention.

An Associate Director of Care (ADRC) acknowledged that this intervention should have been included in the care plan prior to the resident's September 2023 fall.

Failure to ensure that the plan of care was revised when a resident's care needs changed related to falls, put the resident at risk for injury from falls.

**Sources:** A resident's care plan, interview with an ADRC and other staff. [740738]

**(A1)**

**The following non-compliance(s) has been amended: NC #004**

**WRITTEN NOTIFICATION: Reporting Matters to the Director**

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure that when a person who has reasonable grounds to suspect that abuse of a resident by anyone or neglect of a resident resulted in harm or risk of harm to the resident shall immediately report this suspicion to the Director.

**Rationale and Summary**

A complaint was lodged regarding alleged abuse by a resident co-residents. The resident's clinical records between February to May 2023, indicated multiple behavioural incidents by a resident to co-residents. The staff interviewed acknowledged any alleged abuse should be reported immediately.

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An Associate Director of Resident Care (ADRC) acknowledged they did not report the incidents to the Director. They acknowledged the incidents between the resident and co-residents had potential risks for harm and negative impact.

Failure to report incidents of alleged abuse immediately to the Director, put the residents at risk for harm and abuse.

**Sources:** Residents' clinical records, Mandatory Reporting and Critical Incidents Reporting Requirements Policy, interviews with staff. [740765]

**(A1)**

**The following non-compliance(s) has been amended: NC #005**

**WRITTEN NOTIFICATION: Communication and response system**

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 20 (f)

**(A1)**

**The following non-compliance(s) has been amended: NC #006**

**COMPLIANCE ORDER CO #001 Duty to Protect**

**NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: FLTCA, 2021, s. 24 (1)

**The inspector is ordering the licensee to comply with a Compliance Order**



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**[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

1. Educate all staff working on a specified unit and all of Management on the LTCH's policies of Abuse and Neglect- Zero Tolerance and the Mandatory Reporting and Critical Incidents Reporting Requirements. Specifically, highlighting the definition of sexual abuse.
2. Maintain written records of the education provided and the list of staff who received and completed the education. All written records must be available on request.

**Grounds**

The licensee has failed to ensure that residents were protected from sexual abuse by a resident.

According to O. Reg. 246/22 s. 2 (1) defines sexual abuse under (b) as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

**Rationale and Summary**

A complaint was lodged regarding alleged sexual abuse by a resident to co-residents.

A resident's clinical records indicated incidents with inappropriate behaviours towards co-residents. A review of progress notes from February to May 2023, specified the resident touching co-residents:

1. On a specified date in February 2023, a resident was observed to have inappropriate behaviour towards another resident and a staff member heard the resident asking for the other resident to stop. Staff intervened and the resident was re-directed.

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2. On a specified date in March 2023, a resident was witnessed to have inappropriate behaviour towards another resident. The residents were both separated. Staff stated that the affected resident was observed upset after the incident.
3. On a specified date in March 2023, a resident was witnessed to have inappropriate behaviour towards another resident. Staff intervened and re-directed the resident. Notes indicated that the other resident required reassurance by staff after the incident.
4. On a specified date in April 2023, a resident was noted to have inappropriate behaviour towards another resident. The affected resident was observed upset and was closed in between a table and a chair, unable to leave the situation. Registered staff were called to assist with intervention.

After these noted incidents, the home implemented additional interventions for the resident.

Notes from May 2023, and documented by the Nurse Practitioner (NP) indicated that the resident nor the co-residents had the cognitive capacity to consent. Nine staff interviewed from the nursing and recreation departments acknowledged the incidents between the resident and co-residents were non-consensual and met the home's definition of sexual abuse.

Two registered staff indicated the incidents had been reported to Management when they occurred. A PM and an ADRC acknowledged the incidents between the resident and co-residents had potential risks for harm and negative impact for sexual abuse.

Failure to protect residents from sexual abuse by a resident, put the residents at risk for harm.

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**Sources:** Residents' clinical records, Abuse and Neglect- Zero Tolerance Policy, Mandatory Reporting and Critical Incidents Reporting Requirements Policy, interviews with staff. [740765]

**This order must be complied with by** January 31, 2024

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

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Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

## **REVIEW/APPEAL INFORMATION**

### **TAKE NOTICE**

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are

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established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).