

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 30, 2020	2020_657681_0022	020209-20	Critical Incident System

Licensee/Titulaire de permis

Huntsville Long Term Care Centre Inc.
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Muskoka Landing
65 Rogers Cove Drive Huntsville ON P1H 2L9

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

STEPHANIE DONI (681)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 14-17, 2020. Additional off-site inspection activities were completed on December 23, 2020.

One intake, related to an allegation of staff to resident abuse, was completed during this Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The Inspector also conducted a daily tour of resident care areas, reviewed relevant resident records, investigation notes, and policies, and observed resident rooms, resident common areas, and the delivery of resident care, including staff to resident interactions and infection prevention and control practices.

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

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

1 WN(s)

1 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. 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. The licensee has failed to ensure that five residents were treated with dignity and respect, and were free from abuse by a staff member.

Three staff members identified concerns related to another staff member's interactions with five residents in the home. The three staff members reported that the residents were spoken to in an inappropriate manner. The home's Administrator acknowledged that the staff member's comments were belittling and demeaning to the residents.

There was minimal harm to the residents as, during the home's investigation, one of the residents recalled the interaction and was bothered by the incident.

Sources: The home's investigation notes; the home's zero tolerance policy for abuse and neglect; and interviews with the Administrator, DOC, residents, and other staff.

b) The licensee has failed to ensure that staff members who had reasonable grounds to suspect abuse or neglect of a resident immediately reported their suspicion to the most Senior Administrative Personnel or Charge Nurse, if no manager was on site at the home.

A staff member reported concerns to the Administrator regarding another staff member's interactions with two residents in the home. The concerning interactions were alleged to have occurred six days prior to when they were reported. Only after the home started their investigation, did two other staff members report additional concerns involving other residents.

The Administrator stated that the staff member should have immediately notified registered staff about the incidents, so that a nurse manager could have been notified, and an investigation initiated. If the nurse manager was made aware of the allegations, the staff member involved would have been put off work pending the outcome of the home's investigation. However, since the incidents were not immediately reported, the staff member worked three additional shifts and subsequent incidents involving other residents were reported to have occurred.

Sources: The home's investigation notes; the home's zero tolerance policy for abuse and neglect; and interviews with the Administrator and other staff. [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 the home's written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 31st day of December, 2020

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

Original report signed by the inspector.