



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 30, 2015	2015_280541_0002	O-000846-14	Critical Incident System

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### Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP  
1840 LANSDOWNE STREET WEST UNIT 12 PETERBOROUGH ON K9K 2M9

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

ROSEBRIDGE MANOR  
131 Roses Bridge Road R. R. #2 Jasper ON K0G 1G0

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

AMBER MOASE (541)

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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): January 26 and 27, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care and a resident. In addition the Inspector also reviewed policy #AM-6.9 Zero Tolerance of Abuse and Neglect of Residents.**

**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)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**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. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**
  - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
  - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
  - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
  - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
  - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
  - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
  - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

**Findings/Faits saillants :**



1. The licensee did not ensure that, at a minimum, the written policy to promote zero tolerance of abuse and neglect of residents, shall (d) contain an explanation of the duty under section 24 to make mandatory reports.

As identified by the home's Administrator, the policy titled Zero Tolerance of Abuse and Neglect of Residents, #AM-6.9, effective January 2015 is the licensee's policy to promote zero tolerance of abuse and neglect of residents, as required by section 20 of the Act. Policy #AM-6.9 references the Investigation Procedure policy, #AM-6.3 and further to this, the Reporting of Abuse policy, #AM-6.7.

Inspector #541 reviewed the three policies identified above. The policies describe the home's internal process of immediately reporting incidents to the Ministry of Health and Long Term Care including the Mandatory Critical Incident System, Centralized Intake, Assessment and Triage Team and use of after-hours pager system.

As per policy AM #6.9, "Any person who has reasonable grounds to suspect that a resident has been neglected or abused is obligated by law to immediately report the suspicion and the information upon which the suspicion is based on the Home's Administrator or appropriate designate.

The policy to promote zero tolerance of abuse and neglect of residents does not include an explanation of the duty under section 24, for all persons, to make mandatory reports to the Director, as defined by section 2 (1) of the Act. [s. 20. (2)]

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**Issued on this 30th day of January, 2015**

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

**Original report signed by the inspector.**