



**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**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 23, 2015	2015_200148_0004	O-000578, O-000733 AND O-000726-14	Critical Incident System

Licensee/Titulaire de permis

SHERWOOD PARK MANOR
1814 County Road #2 East BROCKVILLE ON K6V 5T1

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

SHERWOOD PARK MANOR
1814 County Road #2 East BROCKVILLE ON K6V 5T1

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

AMANDA NIXON (148), AMBER MOASE (541)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): January 19 and 20, 2015.

This inspection included three Critical Incident Reports.

During the course of the inspection, the inspector(s) spoke with the home's Director of Care, Registered Nursing Staff, personal support workers and residents. In addition, the inspectors reviewed the home's policy to promote zero tolerance of abuse of residents, the home's investigation data into the reported critical incidents, staffing schedules and resident health records.

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

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

3 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>Legendé</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 the policy to promote zero tolerance of abuse and neglect of residents is complied with.

The home's DOC, identified the "Zero Tolerance of Abuse and Neglect" as the policy required under section 20 of the Act.

The policy states that an alleged or witnessed incident of abuse or neglect should be immediately reported to the charge nurse, supervisor, department manager or Administrator. Further to this the policy indicates that staff who suspect or witness abuse are to intervene, if safe to do so, to ensure resident safety and well being when the incident of abuse is occurring.

In accordance with section 2 (1) of Regulation 79/10, physical abuse means the use of physical force by anyone other than a resident that causes physical injury or pain. O.Regulation 79/10 section 2(2) indicates that physical abuse does not include the use of force that is appropriate to the provision of care, unless the force used is excessive in the circumstances.

On a specified date, while providing evening care, PSW #S106 and PSW #S107, witnessed PSW #S109 being rough with the resident, including holding down the resident and forcefully brushing his/her teeth to the point the resident's gums appeared to bleed. PSW #S106 and PSW #S107 did not make an attempt to intervene to ensure the resident's safety during the care. PSW #S106 reports stepping back from the care provision as she did not want to take part in what she saw happening, while PSW #S107 attempted to calm the resident who, during the oral care, was becoming physically aggressive with PSW #S109. On the two following days, progress notes indicate that the resident had bruising consistent with the incident.

The incident described above was reported by PSW #S106 three days after the incident, to the home's DOC.

Upon interview by the Inspectors, both PSW #S106 and PSW #S107 indicated that on the evening of the incident they believed what they had witnessed to be abuse, however neither staff member took steps to prevent the abuse during its occurrence nor did either report the incident immediately as directed by their policy. [s. 20. (1)]



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

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

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 staff comply with the home's policy to promote zero tolerance of abuse and neglect, specifically as it relates to the immediate reporting of alleged or witness abuse and the role of staff to ensure resident safety, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that persons who have received training under subsection (2) receive retraining of the home's policy to promote zero tolerance of abuse and neglect of residents annually.

In accordance with LTCHA 2007, s.76 (1), (2) and (4) and O.Regulation 79/10, s.218(1), all staff at the home shall receive training in the long term care home's policy to promote zero tolerance of abuse and neglect of residents prior to performing their responsibilities and annually thereafter.

The home's DOC, identified the "Zero Tolerance of Abuse and Neglect" as the policy required under section 20 of the Act, for the long term care home's policy to promote zero tolerance of abuse and neglect of residents.

This inspection included the review of three critical incidents, involving several staff members. Inspectors interviewed four staff members about recent training and/or orientation on the home's policy to promote zero tolerance of abuse and neglect of residents. All four staff members could not recall having been provided training on the abuse policy in the last year.

Inspectors spoke with the home's DOC regarding the training of staff in the home as required by section 76 of the Act. The home was unable to demonstrate that eight identified staff members were provided with training on the long term care home's policy to promote zero tolerance of abuse and neglect of residents. [s. 76. (4)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.****

Findings/Faits saillants :



1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents contains all of the requirements as described by section 96 of Regulations 79/10.

The home's DOC, identified the "Zero Tolerance of Abuse and Neglect" as the policy required under section 20 of the Act.

The policy does not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected; procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate; identifies the training and retraining requirements for all staff including training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care and situations that may lead to abuse and neglect and how to avoid such situations. [s. 96. (a)]

Issued on this 23rd day of January, 2015

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

Original report signed by the inspector.