

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: February 2, 2024	
Inspection Number: 2024-1148-0001	
Inspection Type: Complaint Critical Incident	
Licensee: Sherwood Park Manor	
Long Term Care Home and City: Sherwood Park Manor, Brockville	
Lead Inspector Anna Earle (740789)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22-24, 30, 2024
The inspection occurred offsite on the following date(s): January 25-26, 2024

The following intake(s) were inspected:

- Intake: #00097394 – Controlled substance missing/unaccounted.
- Intake: #00101065 - Complaint regarding alleged staff to resident abuse.

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

- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must Investigate, Respond and Act

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

Non-compliance with: FLTCA, 2021, s. 27

Licensee must investigate, respond and act
s. 27.

- (1) Every licensee of a long-term care home shall ensure that,
- (a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
 - (i) abuse of a resident by anyone,
 - (ii) neglect of a resident by the licensee or staff, or
 - (iii) anything else provided for in the regulations;
 - (b) appropriate action is taken in response to every such incident; and
 - (c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with.

The Licensee has failed to ensure that, every alleged, suspected or witnessed incident of abuse that the licensee knows of, or that is reported to the licensee, is immediately investigated; appropriate action is taken in response to every such incident; and any requirements that are provided for in the regulations for investigating and responding are complied with.

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Rationale and Summary:

On a day in October 2023, a PSW reported to the Director of Care (DOC) an alleged verbal/emotional abuse toward a resident by a PSW.

On January 23, 2024, during separate interviews with a resident and a PSW, they confirmed the alleged incident of abuse that occurred on a day in October 2023, between a resident and a PSW. Interviewees stated a PSW was rude, disrespectful, and verbally abusive to a resident. On January 30, 2024, during an interview with DOC, they acknowledged that a PSW immediately reported the alleged incident to the DOC, however, minimal investigation was completed. DOC confirmed speaking to the resident and the PSW, but no further action was taken.

Failing to immediately investigate incidents of alleged resident abuse places residents at risk of additional harm.

Sources: Interviews with a resident, PSW and DOC, Zero Tolerance of Abuse and Neglect Policy and Procedures, Revised May 2023, minimal investigation notes available to review.

[740789]

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

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

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

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff

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that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect abuse of a resident, by anyone, that resulted in harm or a risk of harm to the resident, immediately reported the suspicion and the information upon which it is based to the Director.

Rationale and Summary:

On a day in October 2023, an incident of alleged staff-to-resident verbal/emotional abuse, involving a PSW and a resident occurred. Inspector reviewed the Critical Incident reporting (CIR) system and there was no CIR submitted to the Director. During an interview on January 30, 2024, with DOC, they acknowledged that the above incident was not immediately reported to the Director.

Failing to immediately notify the Director of alleged resident abuse places residents at risk of additional harm.

Sources: Interview with DOC, review of the Critical Incident Reporting System.

[740789]

WRITTEN NOTIFICATION: Police Notification

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

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

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The licensee has failed to ensure that the appropriate police service was immediately notified of the alleged, suspected or witnessed incident of abuse or neglect of a resident.

Rationale and Summary

On a day in October 2023, an incident of alleged staff-to-resident verbal/emotional abuse, involving a PSW and a resident occurred and was reported to the DOC the same day. No police notification was made. During an interview on January 30, 2024, with DOC, they acknowledged that the alleged abuse of a resident was not immediately reported to the police.

Failing to immediately notify the police of alleged incidents of abuse places residents at risk of harm.

Sources: Interview with DOC, Zero Tolerance of Abuse and Neglect Policy and Procedures, Revised May 2023.

[740789]

WRITTEN NOTIFICATION: Security of Drug Supply

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

Non-compliance with: O. Reg. 246/22, s. 139 3.

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 246/22, s. 139; O. Reg. 66/23, s.

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27.

The Licensee has failed to ensure that monthly audits were completed of the daily count sheets of controlled substances to determine if there are any discrepancies.

Rationale and Summary

On a day in September 2023, a Registered Practical Nurse (RPN) and a Registered Nurse (RN) completed the Narcotic/Controlled Substance count at the change of a shift, and five empty ampules of Hydromorphone 2mg/ml were discovered.

On January 22, 2024, a review was completed of the Licensee's "Narcotics and Controlled Medications Policy and Procedures" manual. The policy stated that monthly audits of the Narcotic/Controlled Substance count sheets are to be completed by management/designate and the monthly audits were to be recorded on a tracking form.

On January 30, 2024, during separate interviews with the Assistant Director of Care (ADOC) and Director of Care (DOC), they confirmed that the monthly audits of the daily Narcotic/Controlled Substance count sheets were not completed nor was the Narcotic/Controlled Medication Monthly Audit form and the Narcotic/Controlled Medication Audit Tracker form used.

Not completing monthly audits can increase the risk of delay in actioning any discrepancies in Narcotic/Controlled Medication counts.

Sources: Review of Narcotic and Controlled Medications Policy and Procedures, Policy #7.3 (revised June 30, 2023) and Policy #7.5 (revised November 30, 2023). Interviews with DOC and ADOC.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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