



**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**

**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  
performance et de la conformité**

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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>
Nov 23, 2015	2015_320612_0021	016826-15	Critical Incident System

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### **Licensee/Titulaire de permis**

ST. JOSEPH'S HEALTH CENTRE OF SUDBURY  
1140 South Bay Road SUDBURY ON P3E 0B6

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

ST. JOSEPH'S VILLA, SUDBURY  
1250 South Bay Road SUDBURY ON P3E 6L9

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

SARAH CHARETTE (612)

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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): October 14, 15 and 16, 2015**

**The following Ministry logs were also inspected: 002906-15, 002910-15 and 008517-15.**

**During the course of the inspection, the inspector(s) spoke with Residents, the Scheduling Clerk, the Admission Coordinator, Personal Support Workers, Registered Practical Nurses, Registered Nurses, the Director of Care and the Administrator.**

**Throughout the inspection, the inspector observed the delivery of care and services to residents, reviewed residents' health care records and reviewed various policies and procedures.**

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

**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>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 home's policy titled Zero Tolerance for Abuse and Neglect was complied with.

Inspector reviewed Critical Incident (CI) #2913-000023-15 in which S#122 alleged that on June 23, 2015, S#119 was digging their nails into resident #003's hand and squeezing resident #003's hand and arm. The resident's care was completed by other PSWs. The CI stated that the long-term actions planned to correct the situation would depend on the outcome of the investigation. Inspector observed that the CI was not updated with the outcome of the home's investigation.

Inspector reviewed the home's policy, titled Zero Tolerance for Abuse and Neglect, issued September 29, 2003 and last reviewed September 14, 2015 which stated the following:

- the organization will report to the Ministry of Health and Long-Term Care (MOHLTCH) Director the results of every investigation it conducts under this policy, and any action that it takes in response to any incident of resident abuse or neglect.

On October 15, 2015, inspector interviewed the Director of Care (DOC). They stated that during the investigation it was determined that S#122 did not witness the alleged abuse. The DOC confirmed that the CI report was not updated to notify the Director of the results of the investigation as required in the home's policy.

***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 policy, titled Zero Tolerance for Abuse and Neglect is complied with, to be implemented voluntarily.***

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**Issued on this 24th day of November, 2015**

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

**Original report signed by the inspector.**