

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 24, 2021	2021_627138_0004	022995-20, 023473-20, 023474-20, 024407-20, 001256-21, 001446-21, 001862-21, 001917-21, 002001-21, 002299-21, 002300-21	Critical Incident System

Licensee/Titulaire de permis

Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation
161 Bay Street Suite 2100 Toronto ON M5J 2S1

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

Perth Community Care Centre
101 Christie Lake Road, R. R. #4 Perth ON K7H 3C6

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

PAULA MACDONALD (138)

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): February 8, 9, 10, 11, 16, 17, 18, and 19, 2021.

The following intakes were inspected as part the Critical Incident System inspection:

logs #022995-20 and #001446-21 both relating to the fall of a resident, logs #024407-20, #001256-21, #001862-21, #001917-21, #002001-21, #002299-21, and #002300-21 all relating to alleged abuse of a resident.

Logs #023473-20 and #023474-20, follow up intakes, were also inspected as part of this Critical Incident System inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Behavioural Support Ontario worker, the Director of Care, the Finance Manager, the Food Service Manager, a Housekeeping Aide, Personnel Support Workers, Registered Nurses, Registered Practical Nurses, residents, and a Screener.

The inspector observed a meal service, toured residential areas, observed resident interactions, reviewed the abuse policy, reviewed a staffing evaluation, reviewed a staffing plan, and reviewed a staffing contingency plan.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Infection Prevention and Control

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2020_505103_0018	138
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2020_505103_0018	138

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 failed to ensure that its Zero Tolerance to Resident Abuse and Neglect policy was complied with for a resident who abused two other residents.

The Intervention portion of the policy indicates that the home will implement an abuse program that must include prevention of alleged incidents of abuse.

The resident was identified by the plan of care to have behaviours towards other residents. Several interventions were included in the plan of care to manage the resident's behaviours and these interventions were being reassessed and revised. Despite this, the resident made contact in an abusive manner with a resident on two separate occasions. The resident was also observed to make contact in an abusive manner to a second resident, again, on two separate occasions.

As such, the licensee's policy to prevent alleged incidents of abuse was not complied with.

Sources: progress notes and plan of care for a resident, progress notes and RAI-MDS for other residents, Zero Tolerance to Resident Abuse and Neglect policy dated October 2018, and interview with staff.

Logs 001256-21, 001917-21, 002001-21, 002299-21 [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 the licensee has in place a written policy to promote zero tolerance of abuse and neglect of residents, and ensure that the policy is complied with, to be implemented voluntarily.

Issued on this 25th day of February, 2021

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

Original report signed by the inspector.