

**Original Public Report**

<b>Report Issue Date</b>	July 20, 2022		
<b>Inspection Number</b>	2022_1589_0001		
<b>Inspection Type</b>	<input checked="" type="checkbox"/> Critical Incident System <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
<b>Licensee</b>	Corporation of the County of Simcoe		
<b>Long-Term Care Home and City</b>	Trillium Manor Home for the Aged, Orillia		
<b>Lead Inspector</b>	Shannon Russell #692		<b>Inspector Digital Signature</b>
Inspector #692020 (Nira Khemraj) was also present during this inspection.			

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): June 6-9, 2022.

The following intake(s) were inspected:

- One intake for a complaint related to residents who were fearful of an identified staff member,
- One intake related to a resident-to-resident altercation, which resulted in an injury, and
- One intake related to a fall resulting in palliative care of the resident

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Responsive Behaviours

**INSPECTION RESULTS**

**WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO THE DIRECTOR**

**NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

**Non-compliance with: LTCHA, 2007, s. 24 (1) 2.**

The licensee has failed to ensure that anyone who had reasonable grounds to suspect abuse or unlawful conduct by a staff member that resulted in risk of harm to a resident, immediately reported the suspicion to the Director.

**Rationale and Summary**

The Interim Administrator received an email from a Registered Practical Nurse (RPN), which contained an allegation of abuse towards a resident by a Personal Support Worker (PSW) that had occurred the previous day.

The Inspector reviewed the Long-Term Care Homes (LTCH) portal and was unable to locate a Critical Incident System (CIS) report regarding the allegation of abuse. The Interim Administrator identified that they had not reported the allegation of resident abuse to the Director.

**Sources:** Complaint intake; the home’s complaint log; the home’s policy, “Zero Tolerance of Abuse/Neglect”, #ADM D-10, last revised February 2022; a resident’s health care records; internal investigation notes; interviews with a resident, RPNs, Interim Administrator, and the Administrator. [692]

**COMPLIANCE ORDER CO#001: DUTY TO PROTECT**

**NC#02 Compliance Order pursuant to FLTCA, 2021, s.154(1)2**

Non-compliance with: LTCHA, 2007 s. 19 (1)

**The Inspector is ordering the licensee to:**

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

**Compliance Order [FLTCA 2021, s. 155 (1)]**

The Licensee has failed to comply with LTCHA, 2007, s. 19 (1).

The Licensee shall:

- (a) Re-educate the identified PSW, RPNs, and the Interim Administrator on zero-tolerance of abuse and neglect of residents, focusing on prevention of abuse, reporting and investigation requirements. Document the education provided, including the content of the material reviewed, the date completed, and the staff member who provided the education; and,
- (b) Develop and implement a process for ensuring that all allegations of abuse and neglect are investigated and actioned appropriately, including who is responsible for overseeing that the process is completed in its entirety.

## Grounds

### Non-compliance with: LTCHA, 2007, s 19 (1)

The licensee has failed to ensure that a resident was protected from abuse by a PSW.

#### Rationale and Summary

Physical abuse was defined within the Ontario Regulations (O. Reg) 79/10 of the Long Term-Care Homes Act (LTCHA), 2007, as "the use of physical force by anyone other than a resident that causes physical injury or pain". Emotional abuse was defined as "any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident".

A resident had reported to two RPNs, that they did not want an identified PSW around them. It had been reported that the PSW had been rough and rude to the resident.

Following the initial allegation of abuse, the resident again reported to staff members that they feared the identified PSW.

The Interim Administrator indicated that they had recalled receiving the allegation; however there had not been a completed investigation conducted for the allegations. The Interim Administrator was unable to provide the Inspector with any documentation of investigating the allegation of abuse.

The Administrator indicated that the identified PSW had continued to work and provide care after the allegation of abuse towards the resident had been reported, and that the allegations had not been investigated. By not investigating the allegations of abuse by the PSW and by them continuing to work in the home, it posed a high risk to the resident.

**Sources:** Complaint intake; home's complaint log; the home's policy, "Zero Tolerance of Abuse/Neglect", #ADM D-10, last revised February 2022; a resident's health care records; internal investigation notes; staffing schedule for an identified month; interviews with a resident, RPNs, the Interim Administrator, and the Administrator. [#692]

**This order must be complied with by** August 5, 2022

## REVIEW/APPEAL INFORMATION

### TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-*

*Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.

- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9th Floor

Toronto, ON M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON M7A 1N3

email: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).