



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

**Rapport d'inspection
prévues le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection February 28, 2011	Inspection No/ d'inspection 2011_124_891_28Feb094438	Type of Inspection/Genre d'inspection Critical Incident-log O-000329
Licensee/Titulaire Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON L5R 4B2 Fax: 289-360-1201		
Long-Term Care Home/Foyer de soins de longue durée Hallowell House, 13628 Loyalist Parkway, Picton, ON K0K 2T0		
Name of Inspector(s)/Nom de l'inspecteur(s) Lynda Hamilton (124)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an inspection related to a Critical Incident, CI 0891-000005-11 regarding alleged staff to resident abuse.

During the course of the inspection, the inspector spoke with the new Administrator, the Assistant Director of Care and the resident.

During the course of the inspection, the inspector observed staff-resident interactions, reviewed the resident's health record and the home's Resident Non-Abuse Policy.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect & Retaliation

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 1 WN
- 1 VPC



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, 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:

1. The home's "Resident Non-Abuse" policy, Index LP-B-20 states that any employee or person who becomes aware of an alleged, suspected or witnessed Resident incident of abuse or neglect will report it immediately to the Executive Director (ED) or, if unavailable, to the most senior Supervisor on shift at that time.
2. On a specific day, a personal support worker observed a staff member verbally abusing a resident while providing care.
3. The personal support worker who heard the verbal abuse did not report the incident to the Team Leader until the next day.
4. There was a twenty hour delay in the reporting of the incident of verbal abuse to the most senior Supervisor on shift, the Team Leader. This does not comply with the home's policy of immediate reporting.

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 reporting requirements of the home's abuse policy, to be implemented voluntarily.

Inspector ID #: 124

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title: **Date:**

Date of Report: (if different from date(s) of inspection).

March 14/11