

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: February 6, 2025

Inspection Number: 2025-1302-0001

Inspection Type:

Critical Incident

Licensee: The Lady Minto Hospital at Cochrane

Long Term Care Home and City: Villa Minto, Cochrane

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 3-5, 2025

The following intakes were inspected:

- One intake related to neglect of a resident
- One intake related to risk to residents.

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

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Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

The licensee has failed to ensure that the written plan of care for a resident included a specific care intervention implemented by staff members.

Sources: A resident's progress notes and care plan; and interviews with the Director of Care (DOC) and other staff members.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that specific interventions as set out in the plan of care for a resident, were provided as outlined.

Sources: Critical Incident Submission (CIS) report, a resident's care plan and progress notes, and interviews with the DOC and other staff members.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

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Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, 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.

The licensee has failed to ensure that its written policy promoting zero tolerance for resident abuse and neglect was followed when investigating allegations of neglect of a resident.

Sources: CIS report and the licensee's policy titled, "Zero Tolerance of Abuse and Neglect"; and interviews with the DOC and other staff members.

WRITTEN NOTIFICATION: Reports of an investigation

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

Non-compliance with: FLTCA, 2021, s. 27 (2)

Licensee must investigate, respond and act

s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The licensee has failed to ensure that the results of the investigation undertaken and all actions in response to allegations of neglect of a resident were reported to the Director.

Sources: CIS report and an interview with the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

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NC #005 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 that resulted in harm or a risk of harm to the resident.

The licensee has failed to immediately report to the Director an incident of alleged neglect of a resident.

Sources: CIS report, a resident's progress notes, and the licensee's policy titled, "Zero Tolerance of Abuse and Neglect"; and interviews with the DOC and other staff members.

WRITTEN NOTIFICATION: Qualifications of personal support workers

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 52 (1)

Qualifications of personal support workers

s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and

(b) has provided the licensee with proof of graduation issued by the education provider. O. Reg. 246/22, s. 52 (1).

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The licensee has failed to ensure that a staff member successfully completed a personal support worker (PSW) program.

Sources: CIS report and interviews with the DOC and other staff members.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure compliance with the infection prevention and control (IPAC) standard issued by the Director, specifically related to audits.

Sources: IPAC audits, email correspondences, and the IPAC standard for Long-Term Care Homes, revised September 2023; and an interview with the DOC.

WRITTEN NOTIFICATION: Hiring staff, accepting volunteers

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

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The licensee has failed to ensure that the police record check was conducted within six months before a staff member was hired.

Sources: Interviews with the DOC and other staff members.