



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

| Report Date(s) / Date(s) du rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| Jul 4, 2017 | 2017_661683_0002 | 012756-17 | Critical Incident System |

Licensee/Titulaire de permis

Schlegel Villages Inc
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF SANDALWOOD PARK
425 Great Lakes Drive BRAMPTON ON L6R 2W8

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

LISA BOS (683), LEAH CURLE (585)

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): June 26, 27, 28, 2017.

The following inspections were conducted:

Critical Incident Inspection log #012756-17 related to resident to resident abuse

Inquiry log #034303-16 related to responsive behaviours

Inquiry log #006422-17 related to responsive behaviours

Inquiry log #006573-17 related to responsive behaviours

During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Care (DOC), Director of Recreation, Neighbourhood Coordinators, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSW), families, and residents. During the course of the inspection the inspectors toured the home, observed the provision of care and services, reviewed relevant records including investigation notes, policies and procedures and resident health records.

The following Inspection Protocols were used during this inspection:

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 their policy to promote zero tolerance of abuse and neglect of residents was complied with.

O. Reg. 79/10, s. 2(1) defines sexual abuse as any non-consensual touching, behaviour or remark of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

As per the home's policy titled "Code of Conduct, Investigation Process for Suspected Resident to Resident Abuse," team members witnessing resident to resident abuse were to separate the two residents if safe to do so.

On an identified date in 2017, PSW #103 found residents #001 and #002 positioned in a way that was suggestive of sexual abuse by resident #001 to resident #002.

Interviews with PSW #103 and RPN #104 identified that after finding residents #001 and #002, PSW #103 went to the nursing station to get the nurse, leaving residents #001 and #002 unattended.

Interview with PSW #103 and RPN #104 on June 26, 2017, and June 27, 2017, respectively, identified that PSW #103 should have pulled the call bell and separated the residents, prior to leaving to report the incident to the registered staff.

Interview with the DOC on June 27, 2017, acknowledged that as per the home's abuse policy, PSW #103 should have separated residents #001 and #002 prior to leaving to get RPN #104.

The licensee did not ensure that the policy to promote zero tolerance of abuse and neglect of residents was complied with by PSW #103. [s. 20. (1)]



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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 policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 4th day of July, 2017

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

Original report signed by the inspector.