



**Ministry of Health and  
Long-Term Care**

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

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

**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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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 15, 2017	2017_539120_0013	023301-16, 023732-16	Critical Incident System

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**Licensee/Titulaire de permis**

BARTON RETIREMENT INC.  
1430 UPPER WELLINGTON STREET HAMILTON ON L9A 5H3

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

THE WELLINGTON NURSING HOME  
1430 UPPER WELLINGTON STREET HAMILTON ON L9A 5H3

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

BERNADETTE SUSNIK (120)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): February 23 & 24, 2017**

**023301-16 related to staff to resident abuse (CI 2784-000008-16)**

**023732-16 related to a missing resident (CI 2784-000009-16)**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Social Worker, residents and personal support workers.**

**During the course of the inspection, the inspector reviewed resident clinical records, the home's investigative notes, staff training and education records and prevention of abuse and neglect policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Prevention of Abuse, Neglect and Retaliation**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**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).**

**s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**

**(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**

**(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**

**(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**

**(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**

**(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**

**(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**

**(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**

**(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

### **Findings/Faits saillants :**

1. The licensee did not ensure that their policy to promote zero tolerance of abuse of residents was complied with.

The licensee's "Abuse Policy" dated January 2008 required that "a staff member observing anyone abusing a resident in any manner must report the incident immediately to the Nurse Manager on duty" and "all staff members are required to report any abuse immediately to the Director of Care or delegate". The policy included a definition of "emotional abuse" as verbal and non-verbal behaviour such as intimidation, teasing or taunting.

According to staff interviews during the inspection and investigative notes provided by



the Director of Care, during the month of July 2016, three different personal support workers (PSWs) witnessed a co-worker (PSW #1) allegedly emotionally abuse resident #101. PSW #1, on several occasions, performed actions towards the resident that were perceived by the PSWs as disrespectful towards the resident and which caused the resident to become agitated. The resident was observed to become very agitated when PSW #1 performed the actions towards the resident. According to the PSWs, PSW #1 was told to stop when observed to be performing the actions. During the inspection, the resident was not able to recall the incidents or express how they felt at the time of the incidents.

The PSWs did not report their observations immediately to a Registered Nurse (RN) or a Director of Care (DOC) as required. Two of the witnesses stated that they reported their observations to a Registered Practical Nurse (RPN). The RPNs could not be interviewed for verification. No written records were made that the RPNs were informed about the allegations of abuse or reported the allegations to an RN or DOC.

On a day in July 2016, resident #101 reported to an RN on duty that PSW #1 had used physical force towards the resident. The RN was not able to recall if the resident provided a date and time of the incident but assumed it was earlier in the day. The RN who was interviewed, suspected that the resident was telling the truth and that it was unusual for the resident to make such statements. The RN left a message for the Associate Director of Care (ADOC) as they had left for the day. The Director of Care (DOC) was not available. Earlier, during the same day in July 2016, a progress note was made in the resident's clinical record by an RPN that the resident was heard swearing at PSW #1 while in a common area and was quite agitated by PSW #1. The following morning, the resident was interviewed by the ADOC after she retrieved her message from the RN about the alleged abuse. The resident however could not remember reporting the incident or being treated inappropriately by any PSW. Subsequently, the ADOC interviewed several PSWs who were involved in the resident's care and the incident, as reported by the resident, could not be verified. However, the PSWs revealed the details noted above. As a result of the information provided, immediate action was taken with respect to PSW #1 and a mandatory report filed with the Director (Ministry of Health and Long Term Care).

The PSWs who witnessed the gestures towards the resident which allegedly constituted emotional abuse, did not follow their policy to report abuse of any kind, including emotional abuse immediately to the Director of Care or RN (Charge Nurse). [s. 20. (1)]



2. The licensee did not ensure that at a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

- (a) provided that abuse and neglect were not to be tolerated;
- (b) clearly set out what constituted abuse and neglect;
- (d) contained an explanation of the duty under section 24 to make mandatory reports.

Following a mandatory report submitted to the Director by the licensee regarding alleged emotional abuse of a resident by a PSW in July 2016, the licensee's prevention of abuse and neglect policy titled "Abuse Policy" dated January 2008, was reviewed. The policy did not include information as per the above noted sections 20(2)(a), (b) and (d) or were not accurate. Discussion was held with the DOC and Administrator regarding the policy and who acknowledged that the policy, which was originally developed in 2001 and updated in 2008, required revisions.

1. The policy did not include any statement that neglect and abuse were not to be tolerated. The policy included a statement that "the home has a zero tolerance policy with respect to abuse of any kind".

2. The definition of emotional abuse included in the licensee's policy did not conform to the definition as identified in Ontario Regulation 79/10. The licensee's definition did not include threatening, insulting or humiliating gestures, actions, behaviour or remarks or lack of acknowledgement that are performed by anyone other than a resident, and if any threatening or intimidating gesture, action, behaviour or remark by a resident causes alarm or fear to another resident where the resident performing the gesture, action, behaviour or remark understands and appreciates their consequences.

3. The licensee's policy referenced the requirement of the DOC and Administrator to submit a critical incident report related to "an abuse incident" on the "next business day following the incident". The Long Term Care Act, under section 24(1) requires that "a person" who has reasonable grounds and who becomes aware of abuse by anyone that resulted in harm or risk of harm to the resident shall immediately report the suspicion and the information upon which it is based to the Director.

4. The licensee's policy did not include the requirement that "a person" who has reasonable grounds and becomes aware of abuse by anyone that resulted in harm or risk of harm to the resident shall report the matter to the Director under section 24(1) of the Act. The policy included a provision that "all staff members are required to report any



abuse immediately to the Director of Care or delegate". In relation to the incident of alleged emotional abuse of a resident by a PSW during the month of July 2016, an RN, being "a person" and who was informed by resident #101 that PSW #1 used physical force towards them in July 2016, did not inform the Director immediately. The RN reported that they suspected that the resident was telling the truth and that it was unusual for the resident to make such statements and subsequently left a message for the ADOC which was not retrieved until the following day. [s. 20. (2)]

***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 that the written policy to promote zero tolerance of abuse of residents is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance**

**Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,**

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,  
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and  
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**



**Findings/Faits saillants :**

1. The licensee did not ensure that the written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contained procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(c) identified measures and strategies to prevent abuse and neglect;

Following a mandatory report submitted to the Director by the licensee regarding alleged emotional abuse of a resident by a PSW in July 2016, the licensee's prevention of abuse and neglect policy titled "Abuse Policy" dated January 2008, was reviewed. The policy did not include information as per the above noted sections 96(b) and (c). Discussion was held with the DOC and Administrator regarding the policy and who acknowledged that the policy, which was originally developed in 2001 and updated in 2008, required revisions.

In July 2016, three PSWs reported that a staff member allegedly emotionally abused a resident on several occasions during the month of July 2016. The actions performed against the resident upset and agitated the resident. The resident did not receive any support or interventions following the investigation by the licensee into the incidents. The home's social worker identified that they would be available to offer their services to residents following any type of emotionally trauma or upset. However, in this case, they were not made aware of the incidents in July 2016 and therefore did not see the resident post incident to determine if any interventions would be necessary to assist the resident. The licensee's "Abuse Policy" did not include any information related to interventions to assist and support residents who have been abused or what strategies or measures were necessary to prevent emotional abuse from re-occurring and did not include any measures and strategies to prevent staff to resident abuse, specifically emotional abuse. [s. 96. (b)]





***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 that the written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abuse or neglected and identifies measures and strategies to prevent abuse and neglect, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act**

**Specifically failed to comply with the following:**

**s. 104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:**

**4. Analysis and follow-up action, including,**

- i. the immediate actions that have been taken to prevent recurrence, and**
- ii. the long-term actions planned to correct the situation and prevent recurrence.**

**O. Reg. 79/10, s. 104 (1).**

**Findings/Faits saillants :**



1. In making a report to the Director under subsection 23 (2) of the Act, the licensee did not include in writing with respect to the witnessed incident of abuse of a resident by staff that led to the report dated July 29, 2016, the long-term actions planned to correct the situation and prevent recurrence.

The mandatory report #2784-000008-16 submitted to the Director in July 2016 regarding staff to resident emotional abuse did not include any long term actions planned to correct the situation and prevent recurrence. The report, which was completed and amended in August 2016 included what immediate actions were taken and the following statement, "will update once outcome of investigation is ready". The ADOC who completed the report and conducted the investigation was not available during the inspection for interview. The DOC who was not directly involved with the investigation but was aware of the incident was interviewed with respect to how they would prevent recurrence of emotional abuse. The DOC was able to provide some examples such as changing their hiring practices to include more rigorous screening questions, that staff training was mandatory for prevention of abuse training each year and that employees who abuse and are not dismissed, are required to undergo "re-training" and monitoring related to prevention of abuse. These measures were not included in writing in the original or modified mandatory report. [s. 104. (1) 4.]

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**Issued on this 20th day of March, 2017**

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

**Original report signed by the inspector.**