



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|-----------------------------------|---------------------------------------|
| May 26, Jun 1, 2011 | 2011_078193_0001 | Critical Incident |

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
 55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6

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

WESBURN MANOR
 400 The West Mall, ETOBICOKE, ON, M9C-5S1

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

MONICA KLEIN (193)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Residents, direct care staff, registered staff, Director of Care, Programs and services manager, Social Worker, Dietitian and Administrator.

During the course of the inspection, the inspector(s) Reviewed health records, licensee's Policies and procedures, and staff training schedule and content.

The following Inspection Protocols were used in part or in whole during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| Definitions | Définitions |
|------------------------------------|---------------------------------------|
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Aiguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | 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. 19. Duty to protect
Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits sayants :

1. An identified resident was neglected by a staff member when the staff left the resident in the whirlpool bath tub unsupervised and with cold water running, drain open. Resident was unable to turn on/off the water tap.
2. An identified resident was sexually assaulted by a family member of another resident.

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 ensuring that Shirley Davis, Helena Atvars and any other resident of the home are protected from abuse by anyone and protected from neglect by staff, to be implemented voluntarily.

WN #2: 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 subsections:

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;
- (b) shall clearly set out what constitutes abuse and neglect;
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
- (d) shall contain an explanation of the duty under section 24 to make mandatory reports;
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) shall set out the consequences for those who abuse or neglect residents;
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
- (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).

Findings/Faits sayants :

1. The policy to promote zero tolerance of abuse and neglect of residents does not contain an explanation of the duty under section 24 of the Act to make mandatory reports. It indicates just that it is mandatory to report alleged/witnessed abuse and neglect.
2. An identified staff member did not comply with the home's policy to promote zero tolerance of abuse and neglect of residents when she left an identified resident unattended in the whirlpool tub and with cold water running.
3. The home's policy to promote zero tolerance of abuse and neglect is not being communicated to residents and Substitute Decision Makers. Two brochures from 2009 "Just for families- Abuse: what families need to know" and "Just for residents- Abuse: what residents need to know" are being given with the admission package and are found in a shelf in the lobby and in a binder at the information desk. The actual policy is not being communicated.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training
Specifically failed to comply with the following subsections:

- s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
1. The Residents' Bill of Rights.
 2. The long-term care home's mission statement.
 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
 4. The duty under section 24 to make mandatory reports.
 5. The protections afforded by section 26.
 6. The long-term care home's policy to minimize the restraining of residents.
 7. Fire prevention and safety.
 8. Emergency and evacuation procedures.
 9. Infection prevention and control.
 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits sayants :

1. Two identified staff members hired on July and December 2010 did not receive training in the area of whistle-blowing protections afforded under section 26, prior to performing their responsibilities. Also, all other staff members interviewed reported that they did not receive training in this area.
2. The licensee did not provide for the above mentioned staff specific training in the area of mandatory reporting under section 24 of the Act prior to performing their responsibilities.

WN #4: 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 sayants :



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The home's policy RC-0305-01, Education and awareness on prevention of resident abuse reviewed and stated mandatory attendance at in service sessions at least once per year. It does not include 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 situations that may lead to abuse and neglect and how to avoid such situations.

Issued on this 6th day of June, 2011

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

A handwritten signature in black ink, consisting of a stylized first name followed by a horizontal line.