



**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 durée**

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, L1K-0E1  
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Bureau régional de services d'Ottawa  
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**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Amended Public Copy/Copie modifiée du public de permis**

<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>
Apr 15, 2014;	2014_199161_0008 (A1)	O-000216-14	Critical Incident

**Licensee/Titulaire de permis**

MARYCREST HOME FOR THE AGED  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING  
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

KATHLEEN SMID (161) - (A1)

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

The compliance date for C00#1 was extended at the request of the licensee.

The new compliance date for C00#1 is July 31, 2014.



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Issued on this 15 day of April 2014 (A1)

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

*Kathleen Inid*



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

KATHLEEN SMID (161) - (A1)

### **Amended Inspection Summary/Résumé de l'inspection modifié**



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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): March 24, 25, 27, 28, 2014.**

**During the course of the inspection, the inspector(s) spoke with the identified Resident, Health Care Aides, Receptionist/Payroll Clerk, Registered Nursing staff, a Unit Manager, Quality Facilitator, Director of Care and the Chief Executive Officer.**

**During the course of the inspection, the inspector(s) observed Resident Care area, reviewed the identified Resident's health record, Staff Development: Inservice Education Report dated June 19, 2013, RN and RPN Competency-based Check-list for Orientation, Checklist for Mandatory Education Day, Orientation Outline for Registered Staff, Power point presentation titled "Culture of Respect: Abuse Free Care, home's Policy titled "Abuse and Neglect (Resident) - Zero Tolerance" #14-18 revised September 2013 as well as the same Policy dated April 2011, Policy titled "Recruitment - Non -Union" #10-177 dated June 2012, Policy titled "Hiring" #10-66 dated March 30, 2009, home's investigation notes related to the incident on a specified date in March 2014, employee files, letter of discipline to a health care aide on a specified date in March 2014, email correspondence on two specified dates in March 2014 and the "Long Term Care Homes Elder Abuse Reportable Incident Form Peterborough Lakefield Community Police Service" that was filed by the home on a specified date in March 2014.**

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



Accommodation Services - Housekeeping  
 Admission and Discharge  
 Prevention of Abuse, Neglect and Retaliation  
 Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

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. 24. Reporting certain matters to Director**



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

**s. 24. (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:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 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. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.24(1)2 in that a person who had reasonable grounds that an incident of emotional abuse of a Resident by a staff member occurred, did not immediately report the suspicion and the information upon which it is based to the Director.

On a specified date in March 2014 registered staff member #S100 observed HCA #S106 place her hand over Resident #001's mouth three times in an attempt to stop the Resident from yelling in the dining room. The third time HCA #S106 placed her hand over Resident #001's mouth, the force of this movement pushed the Resident's head back. The HCA's actions were threatening, intimidating, and humiliating to the Resident.

On the following day in March 2014 registered staff member #S100 notified unit manager #S107 who immediately reported the suspicion and the information upon which it was based to the Director.

On March 25, 2014 Inspector #161 spoke with registered staff member #S100 who indicated that in retrospect, she/he should have reported the abuse immediately to the charge nurse. The unit manager #S107 informed the inspector that she re-educated the registered staff member regarding the need to immediately report abuse.

On March 25, 2014 Inspector #161 spoke with HCA #S106 who indicated that she had



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placed her hand over resident #001's mouth because the resident had started yelling and screaming. She indicated that in retrospect, her actions were disrespectful to the resident.

At the time of this inspection, the home was proceeding with disciplinary action towards HCA #S106.

The licensee has a history of non-compliance with LTCHA 2007 S.O. 2007, c.8, s.24(1)2. Most recently, a Voluntary Plan of Corrective Action (VPC) was issued on February 21, 2014 as a result of inspection #2014-196157-0005. Prior to this, there has been non-compliance issued to the home on the following dates:

July 10, 2013 a Written Notification was issued as a result of inspection #2013-184124-0011

June 19, 2013 a Compliance Order was issued as a result of inspection #2013-031194-0015

May 10, 2013 a Compliance Order was issued as a result of inspection #2013-196157-0013

August 15, 2012 a Voluntary Plan of Corrective Action was issued as a result of inspection #2012-043157-0024

March 16, 2012 a Written Notification was issued as a result of inspection #2102-043157-0008 [s. 24. (1)]

***Additional Required Actions:***

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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**(A1)The following order(s) have been amended:CO# 001**



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**WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 78. Information for residents, etc.**

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

**s. 78. (2) The package of information shall include, at a minimum,**

**(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**

**(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**

**(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**

**(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**

**(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**

**(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)**

**(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)**

**(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)**

**(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**

**(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**

**(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)**

**(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)**

**(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by**

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**Findings/Faits saillants :**





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1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.78 (2) (c) in that the licensee did not ensure the admission package includes the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

On March 28, 2014 the Quality Facilitator provided a copy of the home's Admission Package to the Inspector. A copy of the home's most recently revised "Abuse and Neglect (Resident) - Zero Tolerance Policy #14-18 dated September 2013 was not included. An outdated copy of the home's "Abuse and Neglect (Resident) - Zero Tolerance Policy #14-18 dated April 2011 was included. [s. 78. (2) (c)]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 79. Posting of information**



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Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
- (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
- (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
- (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
- (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
- (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
- (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
- (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
- (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)

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Findings/Faits saillants :



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1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 79 (3) in that the licensee did not ensure that the long-term care home's policy to promote zero tolerance of abuse and neglect of residents was posted.

On March 28, 2014 the inspector was directed to the Community Board located on the second floor to observe the required information to be posted under the LTCHA 2007 c.8, s.79(3). A copy of the home's most recently revised "Abuse and Neglect (Resident) - Zero Tolerance Policy #14-18 dated September 2013 was not posted. An outdated copy of the home's "Abuse and Neglect (Resident) - Zero Tolerance Policy #14-18 dated April 2011 was posted. A sign is posted on the Community Board that directs the public to the reception desk or to the care centres to obtain a copy of the policy.

This was previously issued as a Written Notification on July 10, 2013. [s. 79. (3) (c)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents**

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

**s. 97. (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation. O. Reg. 79/10, s. 97 (2).**

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**Findings/Faits saillants :**



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1. The licensee has failed to comply with O.Reg 79/10 r.97 (2) in that resident's SDM was not notified of the results of the alleged abuse or neglect investigation immediately upon the completion.

On March 27, 2014 discussion was held with the DOC. She indicated to the inspector, in the presence of unit manager #S107, that on a specified date in March 2014, the home had completed their investigation of the incident of staff to resident abuse that had occurred on a previous specified date in March 2014. The DOC indicated that she had not notified the resident's SDM of the results of the home's staff to resident abuse investigation as she thought the police would. [s. 97. (2)]



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Issued on this 15 day of April 2014 (A1)

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

KATHLEEN SMID



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007 S.O. 20

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
foyers de soins de longue durée L.O.

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KATHLEEN SMID (161) - (A1)

Inspection No. /

No de l'inspection : 2014\_199161\_0008 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : O-000216-14 (A1)

Type of Inspection /

Genre d'inspection: Critical Incident

Report Date(s) /

Date(s) du Rapport : Apr 15, 2014;(A1)

Licensee /

Titulaire de permis : MARYCREST HOME FOR THE AGED  
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LTC Home /

Foyer de SLD : ST JOSEPH'S AT FLEMING  
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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O. 20

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
foyers de soins de longue durée, L.O.

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Paul O'Krafka

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To MARYCREST HOME FOR THE AGED, you are hereby required to comply with the following order(s) by the date(s) set out below:

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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

LTCHA, 2007, s. 24. (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: 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 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. 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 4. Misuse or misappropriation of a resident's money. 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

**Order / Ordre :**



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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007 S.O. 20

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
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(A1)

The licensee shall ensure that a person who has reasonable grounds to suspect the abuse of a resident by anyone that resulted in harm or risk of harm to a resident immediately reports the suspicion and the information upon which it is based to the Director.

A written plan for achieving compliance is to be prepared and submitted by April 28, 2014. At a minimum, the plan must identify:

1. A detailed description of the content of this comprehensive staff educational program that reflects all aspects of the requirements set in the legislation including:

- LTCHA 2007 S.O. 2007, c.8, s.20 (1-3) AND s.24(1-5)
- O.Reg 79/10 r.96 (a-e)

2. Staff education on the home's most current policy titled "Abuse and Neglect (Resident) - Zero Tolerance #14-18." which must include (but not limited to) the above legislative requirements,

3. The method by which the home will record all staff attendance,

4. Names of person(s) accountable for each component of this staff education program,

5. A monitoring system to ensure that staff have acquired the necessary knowledge to effectively report deal with abuse,

6. Time frames for this education to be provided including the start date with a finish date of no later than July 31, 2014.

The plan is to be submitted by fax to the attention of:

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Kathleen Smid (#161) Long Term Care Homes Inspector Nursing  
Ottawa Service Area Office  
Fax # 613.569.9670

**Grounds / Motifs :**





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Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
foyers de soins de longue durée L. O

1. The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.24(1)2 in that a person who had reasonable grounds that an incident of emotional abuse of a Resident by a staff member occurred, did not immediately report the suspicion and the information upon which it is based to the Director.

On a specified date in March 2014 registered staff member #S100 observed HCA #S106 place her hand over Resident #001's mouth three times in an attempt to stop the Resident from yelling in the dining room. The third time HCA #S106 placed her hand over Resident #001's mouth, the force of this movement pushed the Resident's head back. The HCA's actions were threatening, intimidating, and humiliating to the Resident.

On the following day in March 2014 registered staff member #S100 notified unit manager #S107 who immediately reported the suspicion and the information upon which it was based to the Director.

On March 25, 2014 Inspector #161 spoke with registered staff member #S100 who indicated that in retrospect, she/he should have reported the abuse immediately to the charge nurse. The unit manager #S107 informed the inspector that she re-educated the registered staff member regarding the need to immediately report abuse.

On March 25, 2014 Inspector #161 spoke with HCA #S106 who indicated that she had placed her hand over resident #001's mouth because the resident had started yelling and screaming. She indicated that in retrospect, her actions were disrespectful to the resident.

At the time of this inspection, the home was proceeding with disciplinary action towards HCA #S106.

The licensee has a history of non-compliance with LTCHA 2007 S.O. 2007, c.8, s.24(1)2. Most recently, a Voluntary Plan of Corrective Action (VPC) was issued on February 21, 2014 as a result of inspection #2014-196157-0005. Prior to this, there has been non-compliance issued to the home on the following dates:

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Long-Term Care**

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

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O. 20

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
foyers de soins de longue durée, L. O

June 19, 2013 a Compliance Order was issued as a result of inspection #2013-031194-0015

May 10, 2013 a Compliance Order was issued as a result of inspection #2013-196157-0013

August 15, 2012 a Voluntary Plan of Corrective Action was issued as a result of inspection #2012-043157-0024

March 16, 2012 a Written Notification was issued as a result of inspection #2102-043157-0008 [s. 24. (1)]

(161)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jul 31, 2014(A1)

**REVIEW/APPEAL INFORMATION**



**Ministry of Health and  
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**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5



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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

### **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

#### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par

télécopieur au :

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Télécopieur : 416-327-7603  
En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :



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À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de  
procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission  
d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 15 day of April 2014 (A1)**

**Signature of Inspector /  
Signature de l'inspecteur :**

*KATHLEEN SMID*

**Name of Inspector /  
Nom de l'inspecteur :**

KATHLEEN SMID

**Service Area Office /  
Bureau régional de services :**

Ottawa