



**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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**Public Copy/Copie du public**

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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 29, 2017	2017_532590_0003	027903-16	Complaint

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**Licensee/Titulaire de permis**

LEAMINGTON UNITED MENNONITE HOME & APARTMENTS  
22 Garrison Avenue LEAMINGTON ON N8H 2P2

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

LEAMINGTON MENNONITE HOME LONG TERM CARE RESIDENCE  
35 PICKWICK DRIVE LEAMINGTON ON N8H 4X5

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

ALICIA MARLATT (590)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 2, 2017.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, an Administrative Assistant, one Registered Nurse (RN), one Registered Practical Nurse (RPN), two Personal Support Workers (PSW) and one summer PSW/nursing student.**

**During the course of the inspection, the inspector(s) reviewed one residents clinical record, the homes Abuse policy, correspondence between staff members and community members and one info line report.**

**During the course of the inspection, the inspector(s) observed staff and resident interactions.**

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

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

**1 WN(s)**

**0 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 there is a written policy that promotes zero tolerance of abuse and neglect of residents and that it is complied with.

A student was employed at the home as a summer PSW. They alleged that they had witnessed an incident on a specified date.

In an interview with a PSW, they shared that they had witnessed an incident. The PSW stated that they did not report this to any management staff members until approximately four months later. The PSW further stated that they had received training prior to providing resident care and was aware of mandatory reporting requirements.

Review of the home's policy titled "Abuse", last revised in July 2012, indicates the following:

"Anyone who has knowledge of any form of abuse that has occurred at the Home has a legal obligation and responsibility to report the incident to a Department Leader, RN, Administrator, or directly to the Ministry of Health using the toll free Action Line Number at 1-866-434-0144". Also "An employee who receives a resident complaint of abuse must report this information to the RN, Department Leader or Administrator immediately."

In an interview with the Administrator they said that the PSW had received training prior to beginning work at the home and was aware of mandatory reporting requirements as this is included in the orientation training package. The Administrator stated that they expect all staff members to immediately report any incidents of abuse to the management team for appropriate and immediate follow up as outlined in the homes policy.

The licensee has failed to ensure that the policy that promotes zero tolerance of abuse and neglect of residents was complied with.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated to one incident. There is a compliance history of this legislation being issued related to the homes falls prevention policy, on April 27, 2015, as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection #2015\_206115\_0011. [s. 20. (1)]



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**Issued on this 31st day of March, 2017**

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

**Original report signed by the inspector.**