

Ministry of Long-Term Care

Long-Term Care Operations Division

Long-Term Care Inspections Branch

North District

159 Cedar St, Suite 403

Sudbury, ON, P3E 6A5

Telephone: (800) 663-6965

Original Public Report

Report Issue Date: August 24, 2023

Inspection Number: 2023-1449-0002

Inspection Type:

Critical Incident System

Licensee: West Parry Sound Health Centre

Long Term Care Home and City: Lakeland Long Term Care (Eldcap), Parry Sound

Lead Inspector

Jennifer Nicholls (691)

Inspector Digital Signature

Additional Inspector(s)

Jean-Pierre Nabarra de Bénéjacq (000702)

Shelley Murphy (684)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 17- 21, 2023

The following intake(s) were inspected:

- One Intake related to an allegation of abuse of resident.

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

Infection Prevention and Control

Prevention of Abuse and Neglect

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the

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conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (10) (b)

The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs changed or care set out in the plan was no longer necessary.

Rationale and Summary

Upon review of the resident's care plan it indicated that they had specified interventions in place related to their well-being.

During an interview with a staff member, they indicated that these specific interventions no longer were in place for this resident, and their care plan was not updated, and should have been.

Later that same day a staff member informed the Inspector that the care plan for the resident had been updated to reflect current interventions in place.

The risk to the resident was low as the interventions were no longer required.

Sources: Resident's care plan in place at time of initial review, and revised care plan, the home's policy, last revised December 16, 2019, and staff interviews.
[684]

Date Remedy Implemented: July 19, 2023.

WRITTEN NOTIFICATION: Prevention of Abuse and Neglect**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure that when a person 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: Abuse of a resident that resulted in harm or a risk of harm to the resident.

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Rationale and Summary

Upon review of the CIS (critical incident system) report it was noted that an alleged abuse incident occurred ; however, the CIS report was not submitted immediately to the Director.

The progress notes for the resident indicated that a staff member became aware of the incident of alleged abuse and did not report it to management until days later. The Assistant Director of Care (ADOC) confirmed that it was late reporting.

The risk to the resident was low related to the late reporting of the incident.

Sources:

CIS report, a resident's progress notes, the home's policy "ADM-OP Reporting Process for Critical Incidents last revised October 31, 2018, and an interview with the ADOC.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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