



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

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

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

**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  
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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
Dec 4, 10, 11, 2012	2012_090172_0076	Complaint

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

SUMAC LODGE  
1464 BLACKWELL ROAD, SARNIA, ON, N7S-5M4

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

JOAN WOODLEY (172)

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

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

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, a Registered Nurse, the RAI Coordinator, 2 Registered Practical Nurses, 1 Restorative Care Aide, 1 Housekeeping Aide, 3 Personal Support Workers and 1 specific Resident.

During the course of the inspection, the inspector(s) made observations, reviewed health care records and reviewed policies.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

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

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  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. 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 saillants :**

1. The Licensee has failed to protect a resident from abuse.
2. Progress notes of a resident revealed five (5) incidents of abuse.  
[LTCHA, 2007, S.O. 2007, c.8, s.19(1)]

**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 all residents are protected from any form of abuse, by anyone, 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).**

**Findings/Faits saillants :**



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1. The Licensee has failed to ensure the services listed in their Non-Abuse Policy are available.

Policy review of Resident Non-Abuse (Ontario) LP-B-20-ON, revised March 2012 revealed:

Under Investigation:

# 3. During or after the investigation, support and referral to professional, legal, medical and psychosocial resources in the community will be offered to a resident who has been abused and his/her family member as required.

2. Under Continuing Care Interventions:

Residents who have been victimized are vulnerable and may potentially suffer from physical and/ or psychological effects.

Resident will be assessed by their attending physician and appropriate interventions offered including but not limited to: Counseling services through a social worker, Community Care Assess Center (CCAC) social worker or other services as available.

3. Staff interview with the Executive Director and the Director of Resident Care revealed:

- a) the services listed are not available to all residents, nor their family, if desired.
- b) the home does not have a home chaplain at this time and none of the other clergy who visit the home have been approached to know if they would provide counseling services on a request basis.

[[LTCHA, 2007, S.O. 2007, c.8, s.19(1)]]

**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 the policy of the home outlining social work support or counseling services for the home are available should a resident or resident's family request this service, to be implemented voluntarily.***

Issued on this 11th day of December, 2012

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

*Jean A. Hodley RN*