



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*

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection February 3, 2011	Inspection No/ d'inspection 2011_150_2649_02Feb105049	Type of Inspection/Genre d'inspection Critical Incident – Log #000180	
Licensee/Titulaire Tendercare Nursing Homes Limited, 212 Queen Street East, Suite 202, Sault Ste Marie, Ontario, P6A5X8, Fax 705-254-3500			
Long-Term Care Home/Foyer de soins de longue durée Tendercare Living Centre, 1020 McNicoll Avenue, Scarborough, Ontario, M1W2J6, Fax 416-499-3379			
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Baril (ID# 150)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct critical incidents inspections related to an identified resident.			
During the course of the inspection, the inspector spoke with: the Assistant Director of Care, RAI Coordinator, registered nursing staff and non-registered staff. On February 14, 2011, the inspector spoke on the telephone with the Director of Care to obtain further information.			
During the course of the inspection, the inspector: Reviewed the resident's health records, the home's policies and procedures related to abuse, interviewed staffs, and observed the resident's activities.			
The following Inspection Protocols were used in part or in whole during this inspection: Responsive Behaviours			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN			



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c. 8, 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.

Findings:

1. The home has a policy #02-06-09 entitled: "Reported Assault – Sexual Nature"
2. This policy states that all staff members and volunteers are required to report any suspected assault or abuse immediately to the Administrator, Director of Care or designate.
3. An employee witnessed an inappropriate sexual behaviour between two residents. The employee did not report the incident to the management promptly. The employee failed to comply with the home's policy.

Inspector ID #: 150

**Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

Title: _____ Date: _____ Date of Report: (if different from date(s) of inspection).