

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 1, 2021	2021_770178_0024	013010-21	Critical Incident System

Licensee/Titulaire de permis

Deep River and District Hospital
117 Banting Drive Deep River ON K0J 1P0

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

The Four Seasons Lodge
117 Banting Drive Deep River ON K0J 1P0

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 23-26, 29, 2021.

**The following intake was completed in this Critical Incident Inspection:
Log #013010-21 was related to alleged abuse.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Vice President of Clinical Services/Chief Nursing Executive, Director of Care (DOC), Food Service Supervisor, Infection Prevention and Control (IPAC) Registered Nurse, Registered Practical Nurses (RPNs), Personal Support Worker (PSW), Food Service Workers, Housekeeper, Recreation Therapist, and residents.

During the course of the inspection, the inspector observed resident and staff interactions, resident home areas, infection prevention and control practices, and reviewed clinical health records, the licensee's investigative notes, staff training records, relevant home policies and procedures, and other pertinent documents.

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

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

1 WN(s)

1 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>Légende</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 their written policy that promotes zero tolerance of abuse and neglect of residents was complied with.

A staff member observed a co-worker speaking rudely to a resident. The staff member who witnessed the incident indicated that they felt it was verbal abuse but did not immediately report the allegation of abuse to the Director of Care or the Administration on Call as directed in the licensee's Zero Tolerance Abuse policy. The staff member indicated that they knew they were supposed to report the suspected abuse immediately, but did not do so because they were unsure, and they thought that a more experienced employee who was also present would report the incident. The staff member reported the alleged abuse to a supervisor approximately two weeks later.

Sources: The LTCH's investigative notes; Abuse and Neglect-Zero Tolerance and Mandatory Reporting Policy; and interviews with a staff member, a supervisor, and the Vice President of Clinical Services/Chief Nursing Executive. [s. 20. (1)]

2. A staff member witnessed a co-worker speaking to three residents in a manner which the staff member considered verbally or emotionally abusive. The staff member who witnessed the incident did not immediately report the allegation of abuse to the Director of Care or Administration on Call as directed in the licensee's Zero Tolerance Abuse policy. The staff member indicated that they did not know who to report the abuse to at the time, and reported it to a supervisor two days later.

The late reporting posed a risk of harm to residents, as it delayed the licensee's investigation into the alleged incidents of abuse.

Sources: The licensee's investigative notes; Abuse and Neglect-Zero Tolerance and Mandatory Reporting Policy; and interviews with a staff member, a supervisor, and the Vice President of Clinical Services/Chief Nursing Executive. [s. 20. (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 that the written policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

Issued on this 3rd day of December, 2021

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

Original report signed by the inspector.