



**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 prévue
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

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Apr 16, 2019 | 2019_324535_0005 | 031291-18, 032918-18 | Follow up |

Licensee/Titulaire de permis

The Jewish Home for the Aged
3560 Bathurst Street TORONTO ON M6A 2E1

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

The Jewish Home for the Aged
3560 Bathurst Street NORTH YORK ON M6A 2E1

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

VERON ASH (535), JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 5, 8, 11, 12, 14, 18, 19, 26, April 4, 8, 2019.

The following intakes were completed during this inspection: Log #032918-18 (related to plan of care); and #031291-18 (related to medication).

During the course of the inspection, the inspector(s) spoke with the Director of Resident Care and Experience (DRCE), Nurse Manager (NM), Pharmacist, registered staff (RN/RPN) and personal support workers (PSWs).

During the course of the inspection, the inspectors conducted interviews, record reviews and reviewed relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Medication
Personal Support Services**

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)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / DE L'INSPECTION | NO | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--|------------------------------------|-----------------------------------|----|---------------------------------------|
| O.Reg 79/10 s. 136. (2) | CO #001 | 2018_524500_0013 | | 649 |
| LTCHA, 2007 S.O. 2007, c.8 s. 6. (10) | CO #001 | 2018_766500_0017 | | 535 |

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Légende |
|---|--|
| WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order | WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités |
| <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> |



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101.
Conditions of licence**

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee failed to ensure that they complied with this Act, the regulations, and every order made or agreement entered into under this Act.

During inspection #2018_766500_0017, compliance order (CO) #001 was issued with a due date of February 28, 2019. The licensee was ordered to complete the following:

- 1) Identify all residents who are high risk for falls on the identified unit.
- 2) Develop, document and implement a system for evaluating the effectiveness of each resident's falls prevention interventions, including any revision made based on the outcome of the evaluation.
- 3) Develop, document and implement a system that will minimize the risk of falls for residents at high risk for falls. Process will minimally involve Personal Support Workers (PSWs) and registered staff working on the identified unit. They will also identify the contributing factors for falls by residents and develop appropriate interventions.
- 4) Assign a staff member to conduct an audit of the above and maintain a record.

The licensee completed items #1, #2, and #4; however item #3 was not completed by the home.

Record review indicated that the home developed, documented and implemented a system that would minimize the risk of falls for residents at high risk for falls on the identified unit. A system was developed which included monthly interdisciplinary team meetings to discuss all residents who sustained a fall the previous month. However, the documented meeting minutes for the months of January, February and March 2019, did not include PSWs working on the identified unit.

During an interview registered staff #108 verified that they attended two of the three interdisciplinary team meetings; and verified that PSWs did not attend the meetings. During an interview, NM #109 verified that PSWs did not attend the meeting; and that registered staff presence at the meetings represented the unit team since they brought back information discussed at the meeting to PSWs working on the unit. Therefore, the home failed to ensure that they complied with CO #001 issued under s. 6 (10) in the above inspection report. [s. 101. (3)]



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Issued on this 23rd day of April, 2019

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

Original report signed by the inspector.