

**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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 2, 2020	2020_840726_0008	013816-20	Complaint

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

REBECCA LEUNG (726)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): July 21-24, 27-28, 31, August 5, 7, 10, 11, 2020, and off-site on July 29-30, August 12-13, and 24, 2020

**The following Complaint intake was inspected during this inspection:
Log #013816-20 related to visitation restriction and dealing with complaints.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Long-Term Care Manager, Administrative Secretary, Registered Practical Nurses (RPN), Personal Support Workers (PSW), private companion, family member and the resident.

During the course of the inspection, the inspector reviewed residents' health records and complaint tracking forms, and observed staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Reporting and Complaints**

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)

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 O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that every verbal complaint made to the executive director (ED) by the substitute decision maker (SDM) #124 that could not be resolved within ten business days, was provided with an acknowledgement of receipt of the complaint within 10 business days of receipt of the complaint, including the date by which the complainant could reasonably expect a resolution and a follow-up response.

The Ministry of Long-term Care (MLTC) received a complaint involving resident #009 related to visitation restriction and dealing with complaints.

In the interviews, SDM #124 stated that they had made multiple phone calls and left voice messages for the ED directly and also through the administrative secretary (AS) regarding their complaint between March and April 2020, and the ED did not return their

calls.

In an interview, the ED said SDM #124 had called them through the AS in March 2020, but both the AS and them did not have record of SDM #124's calls. The ED said their records showed that SDM #124 had called them on two identified dates in April 2020, and they called SDM #124 once in May 2020 and discussed the relevant home policy.

The home has failed to ensure that every verbal complaint made to the ED by SDM #124 on the two identified dates in April 2020, and between March and April 2020 was provided with an acknowledgement of receipt of the complaint within ten business days of receipt of the complaint, including the date by which the complainant could reasonably expect a resolution and a follow-up response. [s. 101. (1) 2.]

2. The licensee has failed to ensure that documented records related to SDM #124's verbal complaints were kept in the home.

In the interviews, SDM #124 stated that they had made multiple phone calls and left voice messages for the ED directly and also through the AS regarding their complaint between March and April 2020, and the ED did not return their calls.

In an interview, the ED said SDM #124 had called them through the AS in March 2020, but both the AS and them did not have record of SDM #124's calls. The ED said their records showed that SDM #124 had called them on two identified dates in April 2020, and they called SDM #124 once in May 2020 and discussed the relevant home policy.

In an interview, the AS stated they did not keep record of phone calls when SDM #124 called them for the ED regarding their complaint between March and May 2020. The AS stated that after the management staff dealt with the complaints, the management staff would complete a complaint tracking form and give the form to them for filing. The AS stated that they had received one complaint tracking form related to the SDM #124's complaint completed by the ED between March and May 2020.

Review of the complaint tracking form provided by the AS, indicated that the ED received a management referral in May from the AS and the long-term care manager related to the SDM #124's complaint.

The home has failed to ensure that documented records related to SDM #124's verbal complaints received by the ED on the two identified dates in April 2020, and between

March and April 2020 were kept in the home. [s. 101. (2)]

Issued on this 8th day of September, 2020

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

Original report signed by the inspector.