



**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  
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4ième étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 6, 7, 8, 9, 12, 13, 14, 18, 2011	2011_041103_0025	Complaint

**Licensee/Titulaire de permis**

COMMUNITY LIFECARE INC  
1955 Valley Farm Road, 3rd Floor, PICKERING, ON, L1V-1X6

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

COMMUNITY NURSING HOME (PICKERING)  
1955 VALLEY FARM ROAD, PICKERING, ON, L1V-3R6

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

DARLENE MURPHY (103)

**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 residents, Personal support workers, Registered Practical Nurses, Registered Nurses, Environmental Services Manager, Handy Person, Dietitian, Director of Care and the Administrator.

During the course of the inspection, the inspector(s) made observations during a walk through of Linden, Birch, Maple and Pine units, observed resident dining, observed resident care, and reviewed resident health records. The inspector completed five complaint inspections during the inspection period.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Medication

Personal Support Services

**Prevention of Abuse, Neglect and Retaliation**
**Findings of Non-Compliance were found during this inspection.**
**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
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
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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  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 O.Reg 79/10, s. 73. Dining and snack service  
Specifically failed to comply with the following subsections:**

- s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**
- 1. Communication of the seven-day and daily menus to residents.**
  - 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
  - 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
  - 4. Monitoring of all residents during meals.**
  - 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
  - 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
  - 7. Sufficient time for every resident to eat at his or her own pace.**
  - 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
  - 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.**
  - 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
  - 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

- s. 73. (2) The licensee shall ensure that,**
- (a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and**
  - (b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

**Findings/Faits saillants :**

1. Resident dining was observed during two meal services. Staff were noted to be providing assistance to more than two residents who required total assistance with eating and drinking.  
(s. 73. (2))

**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 no person simultaneously assists more than two residents who need total assistance with eating or drinking, to be implemented voluntarily.**

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service**

**Specifically failed to comply with the following subsections:**

**s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**  
**(a) procedures are developed and implemented to ensure that,**  
**(i) residents' linens are changed at least once a week and more often as needed,**  
**(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**  
**(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**  
**(iv) there is a process to report and locate residents' lost clothing and personal items;**  
**(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;**  
**(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and**  
**(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).**

**Findings/Faits saillants :**

1. On a walk through, linens were found to be in disrepair. s. 89 (1) (c)
2. Linen cupboard and storage areas were observed and shortages of linen were identified. s. 89 (1) (b)

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care**

**Specifically failed to comply with the following subsections:**

**s. 35. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection. O. Reg. 79/10, s. 35 (1).**

**Findings/Faits saillants :**

1. Routine foot care services are available in the home. A chiropodist and a podiatrist are available by referral as required for foot care needs beyond the scope of the foot care nurse.
2. A resident's foot care records were reviewed. The foot care nurse documented the resident's toenails required trimming by a person specialized in foot care.  
The resident developed complications related to foot care. There were no referrals made for a chiropodist, a podiatrist or a specialist in the area of foot care to assess this resident.

---

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**



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  
prévus le Loi de 2007 les  
foyers de soins de longue

Specifically failed to comply with the following subsections:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

---

**Findings/Faits saillants :**

1. A resident's plan of care was reviewed. The resident was not provided with the care as outlined in the plan of care.

Issued on this 18th day of September, 2011

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

A handwritten signature in cursive script, appearing to read "Darlene Murphy".