

**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**

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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
Feb 25, 2022	2022_938758_0003	014172-21, 014322- 21, 014635-21, 017210-21, 018248-21	Complaint

Licensee/Titulaire de permis

Copernicus Lodge
66 Roncesvalles Avenue Toronto ON M6R 3A7

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

Copernicus Lodge
66 Roncesvalles Avenue Toronto ON M6R 3A7

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

NOREEN FREDERICK (704758)

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): February 7, 8, 9, 10, 11,14, 15, 16, 17, 2022.

The following Compliance Order (CO) follow-up intake was conducted concurrently during this complaint inspection:

Log #017210-21 related to care set out in the plan of care.

The following complaint intakes were also completed during this complaint inspection:

Log #014172-21 related to pest control,

Log #014322-21 related to pest control,

Log #014635-21 related to pest control, and

Log #018248-21 related to abuse, transferring and positioning technique, communication and response system, dining and snack service and plan of care.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Assistant Director of Care (ADOC), Nursing Supervisor, Food Service Manager (FSM), Environmental Service Manager (EVS), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), PSW student, Dietary Aides (DAs), Housekeepers, residents and an essential caregiver.

During the course of the inspection, the inspector observed staff to resident interactions, pest observations, reviewed residents' clinical records, staffing schedules, pertinent policies and procedures, and observed IPAC practices.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Food Quality

Infection Prevention and Control

Nutrition and Hydration

Personal Support Services

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

**2 WN(s)
1 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
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2021_780699_0013		704758

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. 73. Dining and snack service

Specifically failed to comply with the following:

**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:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #010 was safely positioned while being fed.

Resident's care plan stated that they required one-person total assistance with feeding.

Inspector #704758's observations revealed that Personal Support Worker (PSW) student #125 fed the resident at a 30-degree angle, and the resident was coughing while being fed. They acknowledged that this was an unsafe position.

The home's Feeding Techniques policy #NO26 indicated to position residents upright between 60-90 degrees while feeding, and the Director of Care (DOC) stated the same.

By not safely positioning resident #010 while being fed, there was a risk of aspiration.

Sources: inspector's observations, resident #010's care plan, home's Feeding Techniques policy #NO26 (last revised on May 2021), interviews with PSW student #125 and other staff. [s. 73. (1) 10.]

2. The licensee has failed to ensure that resident #011 was safely positioned while being fed.

Resident's care plan stated that they required one-person total assistance with feeding.

Inspector #704758's observations revealed that PSW #126 fed the resident at a 45-degree angle. They acknowledged that this was an unsafe position.

The home's Feeding Techniques policy #NO26 indicated to position residents upright between 60-90 degrees while feeding, and the DOC stated the same.

By not safely positioning resident #011 while being fed, there was a risk of aspiration.

Sources: inspector's observations, resident #011's care plan, home's Feeding Techniques policy #NO26 (last revised on May 2021), interviews with PSW #126 and other staff. [s. 73. (1) 10.]

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 proper techniques to assist residents with eating, including safe positioning of residents who require assistance are used, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

**s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised, (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #002's care plan was revised after a reassessment.

Inspector #704758's observations revealed that the resident did not have an assistive device. Their care plan stated that they used this assistive device.

Nursing Supervisor #102 stated that resident #002 was reassessed for the assistive device and their assistive device was discontinued, however the care plan was not revised.

By not revising the care plan, there was a risk of resident #002 receiving improper care.

Sources: inspector's observations, resident #002's care plan, interviews with Nursing Supervisor #102, and other staff. [s. 6. (11) (b)]

Issued on this 28th day of February, 2022

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

Original report signed by the inspector.