



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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 20, 2019	2019_644507_0019	016130-18, 017435- 18, 002978-19, 005243-19, 009162- 19, 009319-19	Complaint

Licensee/Titulaire de permis

CVH (No. 1) LP

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

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

Craiglee Nursing Home

102 Craiglee Drive SCARBOROUGH ON M1N 2M7

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

STELLA NG (507), JULIENNE NGONLOGA (502)

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): June 5 -7, 10 -14 and 17, 2019.

The following intakes were completed in this inspection:

Log #002978-19 related to CO #001 of inspection report #2019_630589_0001, in relation to air temperature;

log #005243-19 related to abuse allegation and plan of care, log #009162-19 related to safe and secure home; and

log #009319-19, log #017435-18 and log #016130-18 related to admission denied.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Nurse Managers (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Registered Dietitian (RD), Environmental Manager (EM), Placement Service Manager of Central East Local Health Integration Network (CE LHIN), Substitute Decision-Makers (SDM) and residents.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Personal Support Services

Safe and Secure Home

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
O.Reg 79/10 s. 21.	CO #001	2019_630589_0001		507

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
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home



Specifically failed to comply with the following:

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home approved the applicant's admission to the home unless,
 - (a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval.

On an identified date, a complaint was submitted to the Director related to a written notice of withholding approval for admission in the home. The complainant reported that applicant #006 was withheld approval for admission by the home seven months prior because they required an identified intervention.

Review of the written notices indicated the following:

- On an identified date, the home responded in writing to applicant #006's SDM and stated that they were not able to accommodate the applicant based on the information received regarding the identified intervention. It also stated that the staff were not appropriately trained in the above mentioned intervention, therefore the home lacked the nursing expertise necessary to provide a safe level of care.
- On another identified date, approximately four months later, the home sent a second written notice to the SDM. The written notice stated that the home lacked the physical



facilities to meet the applicant's care requirements because of the identified intervention the applicant required. It also stated the home could not approve the application because of the safety and security of the applicant.

In an interview, Senior Manager of patient services home and community care with the Central East Local Health Integration Network (CE LHIN) indicated that the home withheld applicant #006's approval for admission twice. The last communication with the home was on five days after the the home sent the second written notice to the applicant's SDM. They indicated that approximately one month ago, the CE LHIN shared information inquiring if the home would reconsider the application if the applicant changed the above mentioned intervention.

In an interview, staff #106 acknowledged that the home had sent two written notices as they lack the physical facilities necessary to meet the applicant's care requirements and the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements for the same reasons mentioned above in the CE LHIN statement. Staff #106 also indicated that they were currently working with the service provider as the applicant agreed to switch to another intervention.

From interviews conducted, record reviews completed, and observations made, the inspector concluded that the home has the physical facilities necessary to meet the applicant's care requirements. In addition, the home's identified policy outlined staff responsibility in caring for residents requires same intervention as applicant #006. Therefore, the home did not meet grounds for withholding approval provided in the regulations, [s. 44. (7)]



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 home approves the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval, 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :



1. The licensee has failed to ensure that resident #001 and their SDM, if any, and the designate of the resident / SDM has been provided the opportunity to participate fully in the development and implementation of the plan of care.

A complaint was submitted to the Director on an identified date regarding resident #001's plan of care. The complainant reported that they were not notified of the resident's condition until the resident's condition worsen. The complainant indicated that if the home had identified the specific health condition earlier, the resident would not have declined further.

Review of the progress notes of resident #001 indicated the following:

- on an identified date, the attending physician ordered a laboratory test,
- three days later, staff received the result of the laboratory test,
- three days later, a second laboratory result was received,
- two days later, the resident was assessed by the attending physician, medications were ordered because of the laboratory results,
- nine days later, the resident developed identified health conditions, and
- six days later, the resident's condition continued to deteriorate, the nurse practitioner (NP) assessed the resident and the resident was transferred to the hospital.

Further review of the progress notes did not identify family communication related to the resident's change in condition.

In separate interviews, staff #109 and #117 indicated that the home's expectation was to notify the Substitute Decision-Maker (SDM) when there was a significant change in resident's condition. Staff #117 indicated that resident #001's SDM was not notified until the day the resident was sent to the hospital, which was 22 days after the resident had a change in condition.

In an interview, Staff #120 acknowledged that the charge nurses on duty on the date identified above did not notify resident #001's SDM. [s. 6. (5)]



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Issued on this 20th day of June, 2019

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

Original report signed by the inspector.