

**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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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 22, 2020	2019_630589_0031	018131-19, 018132- 19, 018133-19	Follow up

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**Licensee/Titulaire de permis**

CVH (No. 1) LP

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

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

Craiglee Nursing Home

102 Craiglee Drive SCARBOROUGH ON M1N 2M7

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

JOANNE ZAHUR (589), GORDANA KRSTEVSKA (600)

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**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): December 17, 18, 19, 20, 23, 27, 30, 31, 2019, and January 2, & 3, 2020. December 24, 2019, off-site.**

**During this inspection the following orders served in report #2019\_530726\_0006 were inspected for compliance:**

**Log #018131-19, Compliance Order (CO) #001 related to s. 19 (1),**

**Log #018133-19, CO #002 related to r. 36., and**

**Log #018132-19, CO #003, related to s. 75 (2).**

**During the course of the inspection, the inspector(s) spoke with the previous Executive Director, Acting Executive Director, Registered Nurses (RN/RPN), Personal Support Workers (PSW), Recreation Manager (RM), Housekeeping Aide (HA), and Dietary Aide (DA).**

**During the course of this inspection medical records, compliance records and any relevant policies and procedures were reviewed, and staff to resident care needs being provided, and resident to staff interactions were observed.**

**The following Inspection Protocols were used during this inspection:**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**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:**

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<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2019_530726_0006	600
O.Reg 79/10 s. 36.	CO #002	2019_530726_0006	600
LTCHA, 2007 S.O. 2007, c.8 s. 75. (2)	CO #003	2019_530726_0006	589

**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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**Conditions of licence**

**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 Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.**

**Findings/Faits saillants :**

1. A compliance order (CO) was issued under inspection report #2019\_530726\_0006 made under LTCHA, 2007 S.O. c.8, s. 75 (2), as follows:

Upon receipt of this report the licensee shall prepare a plan to include but not be limited to:

Specifically, the licensee must:

- 1) Ensure the police record checks are conducted for the five involved PSWs including five other PSWs identified in the inspection report and all staff who do not currently have a criminal record check.
- 2) Develop and implement a process to ensure the police checks are conducted before hiring.
- 3) Develop and implement an on-going auditing process to ensure that the police record checks are conducted before hiring staff. Maintain a written record of the auditing process including the frequency of the audits, who will be responsible for doing the audits and evaluating the results. The written record must include the date and location of the audit, staff members audited, the name of the person completing the audit, the outcome and follow-up of the audit results.

The compliance date was December 6, 2019.

During this inspection a review of the home's "Compliance Order Action Plan" binder and relevant records indicated the long term-care home (LTCH) completed steps 2 and 3 but failed to complete step 1.

A review of the LTCH's compliance plan for this compliance order indicated for step 1 a target date of completion as December 30, 2019, even though the compliance date on the inspection report indicated December 6, 2019.

During an interview, staff #102 stated they had not notified the Director to extend their compliance date as they did not know they could do that. The reason for the December 30, 2019, target date was due to the time being incurred as the long term care home (LTCH) was working with the union and the licensee's labour relations to prepare the paperwork for the police checks and to get the staff to come in and sign them before submitting to police services.

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During an interview, staff #102 stated that 31 of 36 outstanding police checks had been delivered to Toronto Police Services headquarters eight days after the compliance date.

Staff #102 acknowledged that the LTCH had not completed all outstanding police checks as outlined in step #1 of the above mentioned compliance order and therefore were not in compliance with CO #003's compliance date. [s. 101. (3)]

2. A CO was issued under inspection #2019\_530726\_0006 made under LTCHA, 2007 S.O. c.8, s. 19 (1), as follows:

Upon receipt of this report the licensee shall prepare a plan to include but not be limited to:

Specifically, the licensee must:

1. a. Ensure additional training is provided to all supervisory staff and the staff who provide direct care to residents on:

- Abuse recognition
- Home's policy on zero tolerance of resident abuse including but not limited to physical aggression, rough handling with excessive force used during provision of care, and forced/aggressive feeding, with reference to the incidents identified in the inspection report.
- Duty to make mandatory reports under section 24
- Consequences for those who abuse or neglect residents
- Whistle-blowing protections

b. Provide leadership training for all supervisory staff including the registered nursing staff who are responsible to supervise the personal support workers (PSWs) in the unit. Maintain the related training records for item #1a and #1b including names of those attended, dates, who provided the education and training materials.

2. Conduct post-training evaluation for the staff to ensure comprehension of the training material and maintain the evaluation records.

3. Develop and implement a specific ongoing process to monitor:

- a. The provision of care to residents
- b. Staff to resident interactions
- c. Deployment of staff to meet residents' needs specifically to ensure sufficient staff are always available to provide care for residents requiring 2-person assistance as per their plan of care.

Maintaining written records for the monitoring process.

4. Develop and implement an on-going auditing process to ensure that the ongoing

monitoring process is being carried out by the designated staff. Maintain a written record of the auditing process including the frequency of the audits, who will be responsible for doing the audits and evaluating the results. The written record must include the date and location of the audit, the resident's name, staff members audited, the name of the person completing the audit, the outcome and follow-up of the audit results.

The compliance date was December 6, 2019.

During this inspection a review of the home's "Compliance Order Action Plan" binder and relevant records indicated the LTCH completed steps 2 and 3 but failed to complete 1 a & b and 4.

A review of the total number of active staff as of December 31, 2019, indicated that 201 staff were actively providing services to the residents. A review of education attendance sign-in sheets indicated that nine point two per cent (9.2 %) of actively working staff had not completed the training in zero tolerance of abuse and neglect (including abuse recognition, duty to make mandatory reports under section 24, consequences for those who abuse or neglect residents, whistle-blowing protection). Also, the review indicated that the leadership training for all supervisory staff including registered nursing staff who are responsible to supervise the PSWs in the resident home areas (RHAs) was scheduled on an identified date in January 2020, 26 days after the compliance date.

Staff #102 acknowledged that the LTCH were not able to complete the training as the management staff had been working on the investigation of the staff involved in the reported incident. [s. 101. (3)]

**Issued on this 23rd day of January, 2020**

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

**Original report signed by the inspector.**