Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# 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

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Jan 17, 2020 | 2019_767643_0034 | 023985-19 | Critical Incident System |

### Licensee/Titulaire de permis

City of Toronto
c/o Seniors Services and Long-Term Care 365 Bloor Street East, 15th Floor TORONTO ON M4W 3L4

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

Cummer Lodge
205 Cummer Avenue NORTH YORK ON M2M 2E8

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

ADAM DICKEY (643)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): December 23, 2019, off-site December 24, December 30, 31, 2019, and January 2, 2020.**

**The following Critical Incident System (CIS) intake was inspected during this inspection:**
**Intake Log #023985-19; CIS #M512-000026-19 - related to Safe and Secure Home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Nursing (ADON), Nurse Manager - Clinical (NM), Nurse Manager - Operations, Registered Nurses (RN), Registered Practical Nurses (RPN) and Personal Support Workers (PSW).**

**During the course of the inspection the inspector conducted a walk through of the ground level of the home, conducted observations of the home's fire protection system and fire suppression equipment, reviewed video footage from the home's closed circuit television (CCTV) surveillance system, reviewed resident health records, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. 6. Plan of care**

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

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**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. The licensee has failed to ensure that the written plan of care for resident #010 set out clear directions to staff for frequency of safety assessment.

A CIS report was submitted to the Director on an identified date to report an emergency in which resident #010 sustained injury.

Review of resident #010's written plan of care showed an intervention had been initiated approximately nine months prior to the above incident which instructed staff to carry out an identified safety assessment "Quarterly/ Annually or condition change." No quarterly assessments were identified.

In an interview, RPN #103 indicated that resident #010's care plan instructed registered staff to complete the identified safety assessment annually and had carried out the assessment in March 2019, and observed resident #010 and the result of the assessment was the resident was able to independently engage in a specified activity safely. RPN #103 indicated that resident #010 was cognitively well and showed no physical impairment preventing the resident from engaging in the specified activity safely at the time of assessment.

In an interview, RN #106 indicated that residents who were cognitively intact and wished to engage in the above mentioned specified activity would have a safety assessment conducted annually or when there was a change in condition. Resident #010's care plan was reviewed with RN #106, who indicated that the plan did not provide clear direction to staff as it was not clear if the safety assessment should be conducted quarterly or

annually.

In an interview, NM Clinical #109 indicated that the expectation for the identified safety assessments to be completed for resident #010 was annually, unless there was a change in condition or cognitive status. NM #109 further indicated that staff would be expected to review the resident's care plan quarterly and during that review if there was a change in condition, they should complete a safety assessment to ensure the resident could independently engage in the specified activity safely. NM #109 indicated that staff should understand that the care plan entry indicating to complete a safety assessment quarterly/ annually to be annually unless needed. NM #109 acknowledged in the interview that this direction was not clear in the written plan of care on frequency of assessment for resident #010.

In an interview, ADON #101 indicated that the expectation for the home would be for staff to conduct a safety assessment quarterly for residents who chose to engage in the above mentioned activity independently, when carrying out the Resident Assessment Instrument - Minimum Data Set (RAI - MDS) assessments to ensure resident safety. The ADON acknowledged that the care plan direction for assessment frequency for resident #010 was not clear for staff whether they should conduct the assessment quarterly or annually. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to resident #011 as specified in the plan related to frequency of assessment for engaging in a specified independent activity safely.

As a result of identified noncompliance for resident #010 the sample of residents reviewed was expanded to include resident #011.

Resident #011's written care plan was reviewed, which showed the resident's care plan was updated approximately nine months prior to the date of inspection, to direct staff to complete a specified safety assessment/ screening quarterly or when condition changes. Resident #011's health records were reviewed and an assessment was identified, which had been completed approximately one year prior to the date of inspection. No quarterly safety assessment/ screening tools were identified following the above assessment.

In an interview, ADON #101 indicated that the expectation of the home was to conduct an assessment quarterly for residents who chose to engage in the above mentioned activity independently. The ADON indicated that the plan of care for resident #011 directed

registered staff to carry out a safety assessment/ screening on a quarterly basis. The ADON acknowledged that a safety assessment had not been carried out quarterly as specified in resident #011's plan of care. [s. 6. (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 written plan of care for each resident sets out clear directions to staff and others that provide direct care to the resident; and***
***- to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 29th day of January, 2020**

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

**Original report signed by the inspector.**