



**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
prévues le Loi de 2007 les
foyers de soins de longue**

**Health System Accountability and Performance
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Performance Improvement and Compliance Branch**
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 28, 31, Nov 1, 2, 3, 4, 9, 18, 29, 2011	2011_083178_0021	Critical Incident

Licensee/Titulaire de permis

DRS PAUL AND JOHN REKAI CENTRE
345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

DRS. PAUL AND JOHN REKAI CENTRE
345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Acting Executive Director (ED), Acting Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, Evening Team Lead and Staff Educator, Registered Staff, Physiotherapist, Personal Support Workers (PSWs), a resident and a resident's family member.

During the course of the inspection, the inspector(s) reviewed resident records, reviewed home policies and procedures, reviewed home records of investigations of abuse/neglect allegations.

The following Inspection Protocols were used during this inspection:

Minimizing of Restraining

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 WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 6. Plan of care
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).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. An identified resident's written plan of care with regards to transferring was revised on an identified date. Since that date, day staff has continued to transfer the resident using the previous level of assistance.

An identified resident's care plan with regards to transferring was not followed on an identified date.
[s.6.(7)]

2. The care plan for an identified resident's transfer needs was revised by an evening staff member. This assessment was not documented on the resident's record. Day staff were not aware of the change in the resident's lift status and have continued to transfer the resident using the previous level of assistance.

[s.6.(8)]

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 staff who provide care to an identified resident are kept aware of the contents of the resident's plan of care, and that care is provided to the resident as specified in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. On an identified date, an identified resident was transferred in an unsafe manner.

The staff member involved in this incident was subsequently disciplined by the home administration for not following the resident's plan of care in regards to transfers.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. Reassessment of an identified resident's lift and transfer needs was not documented on the resident's record.

The resident's lift and transfer needs fall under the home's nursing and personal support services program.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following subsections:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights.**
- 2. The long-term care home's mission statement.**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.**
- 4. The duty under section 24 to make mandatory reports.**
- 5. The protections afforded by section 26.**
- 6. The long-term care home's policy to minimize the restraining of residents.**
- 7. Fire prevention and safety.**
- 8. Emergency and evacuation procedures.**
- 9. Infection prevention and control.**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

1. Interviews with front line staff indicate that staff have not received training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident. Furthermore, interviews with home staff indicate that they are not aware of the Mandatory duty to report under section 24 of the LTCHA.

Staff have not been educated that it is the responsibility of any person who has grounds to suspect that abuse of a resident shall or has occurred, to immediately report this suspicion and the information upon which it is based, to the Director under the Long Term Care Homes Act (LTCHA).

[s.76.(2)4.]

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 all staff at the home receive training in the area of the duty under section 24 to make mandatory reports, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The Home's written policy to promote zero tolerance of abuse and neglect of residents (Policy # VII-G-10.00) does not identify the training and retraining requirements for all staff including:
- training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - situations that may lead to abuse and neglect and how to avoid such situations. [r. 96(e)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
(a) shall provide that abuse and neglect are not to be tolerated;
(b) shall clearly set out what constitutes abuse and neglect;
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
(f) shall set out the consequences for those who abuse or neglect residents;
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The home's Abuse and Neglect of a Resident Policy # VII-G-10.00 does not contain an explanation of the duty under section 24 of the Act to make mandatory reports. The home's policy does not explain that a person who has reasonable grounds to suspect that abuse of a resident by anyone, or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident, shall immediately report the suspicion and the information upon which it is based to the Director, and that failure by staff to report is an offence under the law. [s. 20(2)(d)]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following subsections:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

- 1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.**
- 2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.**
- 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.**
- 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.**
- 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.**
- 6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**

Findings/Faits saillants :

1. Staff interviews and resident records indicate that an identified resident was being restrained by the use of 2 side rails up while in bed, over two months before a physician's order for this restraint was obtained.
[s.31.(2)4.]

Issued on this 1st day of December, 2011

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