



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 19, 2014	2014_195166_0031	O-001133- 14	Resident Quality Inspection

Licensee/Titulaire de permis

ESTONIAN RELIEF COMMITTEE IN CANADA
40 OLD KINGSTON ROAD, SCARBOROUGH, ON, M1E-3J5

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

EHATARE NURSING HOME
40 OLD KINGSTON ROAD, SCARBOROUGH, ON, M1E-3J5

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

CAROLINE TOMPKINS (166), SAMI JAROUR (570)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 17 - November 21, 2014 and November 24 - 26, 2014.

Critical incident Log T-000582-14 and Complaint Log T-994-14 were inspected concurrently.

During the course of the inspection, the inspector(s) spoke with Residents, Family, Physician, Interim Administrator, Director of Care, RAI Co-ordinator, Registered staff, Personal Support staff, Activity Manager, Activity Aide, Physiotherapist, Physiotherapy Aide and Family Council President.

During the course of the inspection, the inspector(s) observed staff to resident interactions during the provision of care and activity programs, observed a dining and snack services, reviewed clinical health records, reviewed the licensee's policies related to Infection Control, Restraint Program and the Falls Prevention Program.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Residents' Council

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.



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>Legendé</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. 6. Plan of care

Specifically failed to comply with the following:

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 a monthly PASD (Personal Assistance Services Device) assessment is completed as specified in the plan of care for Resident #20.

On November 21, 2014 RN #101 indicated that a tilt wheelchair is considered a PASD and that PASDs are treated as restraints. A tilt wheelchair is used for Resident #20 to prevent sliding.

On November 25, 2014 interview with Physiotherapist indicated that a tilt wheelchair is used as a PASD for Resident #20. If Resident #20 is leaning forward, the resident's wheelchair is tilted to prevent the resident from sliding out of the chair.

On November 20, and 25, 2014, Resident #20 was observed sitting in the wheelchair which was in the tilted position.

On November 26, 2014 PSW #104 and #109 indicated that when Resident #20 is sitting in the wheelchair and the resident is leaning forward, the wheelchair is tilted and the resident is repositioned every two hours.

The current plan of care for Resident #20 directs staff to:

- When in wheelchair tilt chair back 30 degrees or more, monitor hourly for safety
- The Falls Prevention Team will reassess the ongoing need for the tilt feature/monthly PASD assessment.

The Home's Restraint policy subsection:4.1.3 lists tilted wheelchair as an approved restraint at the home. The policy indicates that registered staff are to complete a monthly restraints assessment to determine the ongoing need for the restraint and to determine the least restraining device to be used or determine the need to discontinue the restraints.

The DOC and RN #101 confirmed that no monthly assessment were completed as per plan of care to assess the need of using tilt feature of the wheelchair used by Resident #20. [s. 6. (7)]



WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA 2007 c.8 s. 67 in that the licensee did not consult regularly with the Residents' Council, and in any case, at least every three months.

On November 25, 2014 during an interview, both the Administrator and Activity Manger confirmed that the home did not consult regularly, at least every three months with the Residents' Council. [s. 67.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA 2007 c.8 s. 85(3) in that the home did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey.

On November 25, 2014 during an interview, both the Administrator and Activity Manager confirmed that the Residents' Council was not consulted in respect of the development and carrying out the satisfaction survey. [s. 85. (3)]

2. The licensee failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.85(3) in that the licensee did not seek the advice of the Family Council in developing and carrying out the satisfaction survey.

On November 25, 2014 during an interview, the Administrator confirmed that the Family Council was not consulted in respect of the development and carrying out the satisfaction survey in 2013. [s. 85. (3)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

During the course of this inspection which was initiated on November 17, 2014, one unlabeled, non disposable drinking glass was observed in each of the shared washrooms of resident rooms 1,2,3,10,13,14,15,16,17,18,and 19.

Interview with the Director of Care and the Registered staff indicated they were not aware of any reason, why one non disposable drinking glass would be kept in a shared a washroom.

Interview with Staff# 106 indicated that the probable use for the drinking glass in the washrooms was to be used for water so the residents could rinse out their mouths.

Interview with Staff #104 indicated the unlabeled, non disposable drinking glasses in the residents' shared washrooms were kept in case the residents asked for a drink of water.

November 24, 2014, all non disposable drinking glass were removed from residents' shared washrooms. [s. 229. (4)]

Issued on this 19th day of December, 2014

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