Ontario

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 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

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
Facsimile: (905) 433-3008

Bureau régional de services du Centre-Est
419 rue King Ouest bureau 303
OSHAWA ON L1J 2K5
Téléphone: (905) 433-3013
Télécopieur: (905) 433-3008

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 21, 2018	2018_685648_0014	017162-18	Complaint

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Elginwood
182 Yorkland Street RICHMOND HILL ON L4S 2M9

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

JOVAIRIA AWAN (648)

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): August 01, 02, and 03, 2018.

During the course of the inspection, complaint log #017162-18 was inspected upon.

Activities completed during the inspection included observations of the home and review of resident health care records.

During the course of the inspection, the inspector(s) spoke with the Director of Care, (DOC), the Food Services Manager (FSM), Registered Practical Nurse (RPN), Personal Support Worker(s) (PSW), and Housekeeping staff (HK).

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Dining Observation
Personal Support Services

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)**

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). 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. 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 O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that no person simultaneously assists more than two residents who need total assistance with eating or drinking.
The Ministry of Health and Long Term Care (MOHLTC) received complaint log #01762-18 indicating insufficient staff to help feed residents during dining and snack service.

Observations conducted during this inspection through the lunch meal service in the home identified residents #002, #003, and #004 seated at a shared dining table during the meal service. PSW #104 was observed to provide all three residents total feeding assistance for food and fluids during the lunch meal service.

A review of resident #002, 003, and 004's written plan of care, identified the residents required total feeding assistance.

Interview with PSW #104 during and following the meal observation, confirmed the identified residents required total feeding assistance. PSW #104 acknowledged they were aware that no more than two residents at a time were to be provided feeding assistance by a staff member and confirmed they did not meet this ratio during the lunch meal observed by the inspector.

Interview with RPN #101 identified staff were to provide feeding assistance to no more than two residents at the same time. RPN #101 confirmed residents #002, #003, and #004, were provided feeding assistance by one staff member during the lunch meal service observed by the inspector.

Interview with the homes Food Service Manager (FSM) and DOC confirmed staff were expected to feed no more than two residents at a time during a meal service. Observations made by the inspector were reviewed with the FSM and the DOC, and confirmed the home failed to ensure staff assisted only one or two residents who need total assistance with eating or drinking. [s. 73. (2) (a)]

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 the staff members assist only one or two residents at the same who need total assistance with eating or drinking, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

The MOHLTC received complaint log # 017162-18, in which the complainant indicated than identified area of the home was not adequately maintained by the home. Interview with the complainant identified their specific concern related to identified areas in the home. The complainant identified the surface of the identified areas were soiled with stains and food debris.

Observations on August 02, 2018, conducted during the inspection identified large splash stains including old food debris on the identified area.

Interview and observations where conducted with RPN # 101 and PSW 102. RPN # 101 confirmed the stains and debris as noted above on the surface of the identified area was unclean. RPN #101 and PSW #101 were unaware of this prior to the inspectors observation and indicated that it would be reported to the homes maintenance department.

The inspector observed staff cleaning the identified area on August 02, 2018, following staff interviews.

Interview with housekeeping staff (HK) #103 reported they did not routinely clean the identified area on a routine basis unless informed by nursing staff. HK #103 indicated they had not been aware of the unclean surface prior to the inspectors inquiry.

Interview with the homes DOC and review of the above observations acknowledged the home failed to ensure the identified surface of the identified area was kept clean and sanitary. [s. 15. (2) (a)]

Issued on this 21st day of September, 2018

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

Original report signed by the inspector.