



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 prévue le Loi de 2007 les foyers de soins de longue

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 20, 22, 23, 24, 29, 2011; 2011\_083178\_0001; Complaint

Licensee/Titulaire de permis

HAROLD AND GRACE BAKER CENTRE
1 NORTHWESTERN AVENUE, TORONTO, ON, M6M-2J7

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

HAROLD AND GRACE BAKER CENTRE
1 NORTHWESTERN AVENUE, TORONTO, ON, M6M-2J7

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 Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Unit Manager/former Acting Director of Care, Staff Educator, registered staff, personal support workers

During the course of the inspection, the inspector(s) reviewed resident records, reviewed home policies, interviewed staff, interviewed residents and one family member.

The following Inspection Protocols were used in part or in whole during this inspection:

- Contenance Care and Bowel Management
Dignity, Choice and Privacy
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.



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**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<p>Definitions</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Définitions</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. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
  2. Every resident has the right to be protected from abuse.
  3. Every resident has the right not to be neglected by the licensee or staff.
  4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
  5. Every resident has the right to live in a safe and clean environment.
  6. Every resident has the right to exercise the rights of a citizen.
  7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
  8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
  9. Every resident has the right to have his or her participation in decision-making respected.
  10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
  11. Every resident has the right to,
    - i. participate fully in the development, implementation, review and revision of his or her plan of care,
    - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
    - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
    - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
  12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
  13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
  14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
  15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
  16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
  17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
    - i. the Residents' Council,
    - ii. the Family Council,
    - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
    - iv. staff members,
    - v. government officials,
    - vi. any other person inside or outside the long-term care home.
  18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
  19. Every resident has the right to have his or her lifestyle and choices respected.
  20. Every resident has the right to participate in the Residents' Council.
  21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
  22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits sayants :**

1. The licensee has failed to ensure that every resident is treated with courtesy and respect.  
An identified resident stated that on occasion some members of the home staff have not treated the resident with courtesy. On June 23, 2011 an identified resident stated that some of the staff do not speak to the resident "nicely". [s.3(1)1]
2. The identified resident stated that he/she has been spoken to more than once and by more than three different staff members in a manner which is described as "not nice." [s.3(1)1]
3. The licensee has failed to ensure that every resident's right to participate in his or her decision-making is respected.  
On June 23, 2011 an identified resident stated that the resident's desire to get up at a specified time has not been consistently respected.  
The identified resident's written plan of care does not specify the resident's preference regarding time to get up in the morning. [s.3(1)9]

**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 every resident is treated with courtesy and respect and that their right to participate in decision-making is fully respected and promoted, to be implemented voluntarily.*

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**WN #2: 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.

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**Findings/Faits sayants :**

1. The home's written Resident Non-Abuse policy (LP-B-20) does not identify 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. [s.96(e)i and ii]
2. The home's written policy to promote zero tolerance of abuse and neglect of residents does not identify measures and strategies to prevent abuse and neglect. [s.96(c)]



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**WN #3: 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).
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**Findings/Faits sayants :**

1. The home's policy to promote zero tolerance of abuse and neglect of residents does not contain an explanation of the duty under section 24 of the Act to make mandatory reports to the Director under the Act. [s.20.(2)(d)]
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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**  
Specifically failed to comply with the following subsections:

- s. 51. (2) Every licensee of a long-term care home shall ensure that,
- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
  - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
  - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
  - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
  - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
  - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
  - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
  - (h) residents are provided with a range of continence care products that,
    - (i) are based on their individual assessed needs,
    - (ii) properly fit the residents,
    - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
    - (iv) promote continued independence wherever possible, and
    - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).
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**Findings/Faits sayants :**



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- 1. Residents are not always provided with continence care products that properly fit. [s.51(2)(h)(ii)]
  - 2. A range of continence care products is not always available to staff and residents. [s.51(2)(f)]
- On June 22, 2011, five personal support workers (PSW's) were interviewed and each stated that they had received no extra large diapers that morning, although each PSW was caring for at least one resident requiring an extra large diaper. Each of the PSW's stated that this is not unusual, estimating that they are short of certain sizes of diapers from one to four times weekly. An identified PSW stated that "sometimes we get them later in the morning, sometimes we don't". A second PSW stated that "we might have them, but not the right size." On June 22, 2011 Unit Manager and former acting Director of Care (DOC) stated that "we are never out of diapers, we can always improvise. It just may not be the right size for that person at that time."

**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 there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes, and in sizes that fit the residents, to be implemented voluntarily.***

Issued on this 21st day of July, 2011

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

*Asen Li (178)*