

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
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**

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-------------------------------------|--|
| Nov 25, 2019 | 2019_804600_0023 | 014369-19, 014955- 19, 019054-19 | Complaint |

Licensee/Titulaire de permis

Heritage Nursing Homes Inc.
1195 Queen Street East TORONTO ON M4M 1L6

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

The Heritage Nursing Home
1195 Queen Street East TORONTO ON M4M 1L6

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

GORDANA KRSTEVSKA (600)

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): November 15, 18, 2019.

The following intakes were completed in this Complaint Inspection:

#014955-19, #019054-19, regarding withholding an application for admission.

During this inspection, follow up intake #014369-19, regarding non-compliance with home's Falls Management policy, was also inspected.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Placement Coordinator (PC), Director of Residents and Family Services (DRFS), Registered Nurse (RN), Registered Practical Nurse (RPN)

During the course of the inspection, the inspector conducted observations of the home including resident home areas, the provision of resident's care, staff to resident interactions, reviewed home's admission records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Admission and Discharge

Falls Prevention

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / DE L'INSPECTION | NO | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--------------------------|------------------------------------|-----------------------------------|----|---------------------------------------|
| O.Reg 79/10 s. 8. (1) | CO #001 | 2019_634513_0010 | | 600 |

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>Légende</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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

s. 44. (10) The persons referred to in subsection (9) are the following:

1. The applicant. 2007, c. 8, s. 44. (10).

2. The Director. 2007, c. 8, s. 44. (10).

3. The appropriate placement co-ordinator. 2007, c. 8, s. 44. (10).

Findings/Faits saillants :

1. The licensee has failed to approve the applicant's admission to the home unless the home lacked the physical facilities necessary to meet the applicant's care requirements or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

A complaint was submitted to the Ministry of Long-Term Care (MLTC) on an identified date, by Local Health Integration Network (LHIN) for withholding an approval for admission of applicant #005.

A review of written notices for withholding an approval for admission on a specified dates indicated after the team reviewed the updates of the application and visited the applicant on an identified date that the home was unable to approve the application for long term care placement in the facility because the applicant's care needs cannot be supported. The written notices further stated that the home has a limited physical environment and approximately 50 per cent of the residents have responsive behaviour that are often triggered by other residents' behaviours. The home indicated that they found it very challenging to admit the applicant as their condition can be a concern for their and other

residents' safety. The written notice did not indicate that the home lacked the physical environment necessary to meet the applicant's care requirements or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

During an interview with Director of Resident and Family Services (DRFS), they stated they have reviewed the application for applicant #005 and identified that the applicant had responsive behaviour that they believed the applicant posed a significant concern to them or other fragile residents in the home.

In an interview, the DOC stated that the home has residents who had responsive behaviour posing concerns to themselves or others. The home has nursing expertise managing the responsive behaviour and the behaviour support of Ontario (BSO) lead had worked with the outside resources to develop a nursing plan of care managing their behaviours. The home's identified nurse would work with the team identifying triggers and trying out strategies to care for the residents.

During the interviews with the DRFC and DOC, they acknowledged that the home withholding the approval of applicant #005's admission was not based on the requirements specified under LTCHA, 2007, S.O., c. 8, s. 44. (7). [s. 44. (7)]

2. A complaint was submitted to the MLTC on an identified date, by the LHIN for withholding an approval for admission of applicant #004.

In an interview, the DRFS stated they had reviewed the application for applicant #004 and identified that the applicant had responsive behaviour that could cause concerns to them and other residents with complex care needs. The DRFS also stated that the home has limited physical space in the bedroom and common areas. Further the DRFS indicated because the staff would have difficulty taking care of applicant #004, it will disrupt the other residents' quality of life, well-being, and safety.

In an interview, the DOC stated that the home has residents who demonstrate responsive behaviour posing concerns to themselves or others. The home has nursing expertise managing the behaviour and the identified lead has worked with outside resources to develop a nursing plan of care to manage their condition. The home's identified nurse would work with the team identifying triggers and trying out strategies to care for the residents. The team also considers the number of residents already living in the home with responsive behaviour, when deciding on whether to approve or withhold an application. The DOC stated it is not the physical space or nursing expertise that the

home lack but the environment.

During the interviews with the DRFC and DOC, they acknowledged that the home withholding the approval of applicant #004's admission was not based on the requirements specified under LTCHA, 2007, S.O., c. 8, s. 44. (7). [s. 44. (7)]

3. The licensee has failed to ensure that when the licensee withheld approval for admission of applicant #004, the licensee should give to the applicant and the appropriate placement co-ordinator a written notice setting out the ground or grounds on which the licensee is withholding approval; a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; an explanation of how the supporting facts justify the decision to withhold approval; and contact information for the Director.

A complaint was submitted to the MLTC on an identified date, by LHIN for withholding an approval for admission for applicant #004. A review of an attachment to the complaint record from an identified date indicated that the home had not submitted to the applicant or to the LHIN a written notice for withholding an approval for admission for applicant #004 although they had denied admission to the home.

In an interview, the DOC indicated that they withheld approval first time on a specified date, when they received the application electronically but did not send a written notice to the LHIN. The DOC also said that because they have five days to give a written notice, they usually don't write the notice immediately. The DOC further indicated that they had withheld approval of applicant #004 on the identified dates and the application kept coming back, not giving them time to write the notice. The DOC acknowledged that the home did not give a written notice to the applicant and to the appropriate placement coordinator at the LHIN when they withheld approval for admission of applicant #004. The DOC stated that on a specified date, after the interview with Inspector #600, they sent a written notice to the placement coordinator. [s. 44. (10)]

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 when the appropriate placement co-ordinator give the licensee copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), the licensee review the assessments and information and approve the applicant's admission to the home unless, the home lacks the physical facilities necessary to meet the applicant's care requirements; the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements,
- to ensure that if the licensee withholds approval for admission, the licensee shall give to the applicant and the appropriate placement co-ordinator a written notice setting out the ground or grounds on which the licensee is withholding approval, a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care, and an explanation of how the supporting facts justify the decision to withhold approval, to be implemented voluntarily.***

Issued on this 26th day of November, 2019

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

Original report signed by the inspector.