



**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**

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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
Mar 3, 2014	2014_237500_0004	T-50-14	Resident Quality Inspection

Licensee/Titulaire de permis

LABDARA FOUNDATION
5 Resurrection Road, TORONTO, ON, M9A-5G1

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

LABDARA LITHUANIAN NURSING HOME
5 Resurrection Road, TORONTO, ON, M9A-5G1

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

NITAL SHETH (500), SUSAN LUI (178), TILDA HUI (512), VALERIE PIMENTEL
(557)

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): February 6, 7, 10, 11, 12, 13, 14, 18, 2014

During the course of the inspection, the inspector(s) spoke with the administrator, director of care (DOC), food service manager, environmental service manager, activation manager, infection prevention and control practitioner, registered nursing staff, personal support worker (PSW), family council representative, residents and substitute decision makers.

During the course of the inspection, the inspector(s) conducted observations and reviewed residents and home records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Accommodation Services - Maintenance
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Safe and Secure Home
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :



1. The Licensee failed to ensure that residents are provided with fluids that are safe.

A review of resident #980's plan of care indicated an identified type of thickened fluids. The inspector's observation and the staff interview revealed that the staff did not follow home's policy on thickened fluids, which indicates that "staff will follow posted recipes when thickening fluids". The resident was served with incorrect thickened fluid. [s. 11. (2)]

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 residents are provided with fluids that are safe, to be implemented voluntarily.

WN #2: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

s. 229. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

Findings/Faits saillants :



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1. The licensee failed to ensure that each resident admitted to the home has been screened for tuberculosis (TB) within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

Record review and staff interviews confirmed that resident #003 and resident #048 have not been screened for TB within 14 days of admission. Both residents have not been already screened at some time in the 90 days prior to admission. [s. 229. (10) 1.]

2. The licensee failed to ensure that the residents are offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules.

Record review and staff interviews revealed that resident #048 had not been offered tetanus and diphtheria immunization vaccine on admission and resident #003 had not been offered pneumococcus vaccine on admission. [s. 229. (10) 3.]

3. The licensee failed to ensure that any pet visiting as part of a pet visitation program has up-to-date immunizations. Record review and staff interviews revealed that the home does not have the pets vaccination records. [s. 229. (12)]

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 each resident admitted to the home must be screened for tuberculosis within 14 days of admission, is offered immunizations against pneumococcus, tetanus and diphtheria, and any pet visiting as part of a pet visitation program has up-to-date immunizations, to be implemented voluntarily.

WN #3: 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 failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The inspector observed staff serving fluids to resident #001 without assistive eating devices. A review of plan of care indicated that the resident should be provided with assistive eating devices for all fluids.

The inspector observed staff did not serve double vegetables and an identified type of juice to resident #028. A review of plan of care indicated that the resident should be provided with double vegetables and an identified type of juice at lunch. [s. 6. (7)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with as follows.

The home's policy titled Expiry and Dating of Medication #5-1 dated June 2010 indicates under procedure items 1, 2, and 4;

- 1) Examine the expiry date of all medications on regular bases. Be especially careful to check all storage areas for extra medication, PRN (as needed) medications, government stock, narcotic medication, topicals and eye drops.
- 2) Remove any expired medications from stock and order replacement if necessary.
- 3) Treat expired prescription medications as surplus medications.

The policy was not complied with in the following situation.

Observation revealed that an identified number of the medications were expired but still in the medication cart.

An interview with DOC confirmed that all medications are to be checked each month by the night nurse and every two months by the pharmacy for expiry dates. [s. 8. (1)]

WN #5: 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. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

- 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that the home has a dining and snack service that includes a review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.

President of Residents' Council's interview indicated that the meal and snack times have not been reviewed by the Residents' Council.

The food service manager's interview confirmed that a review of meal and snack times has not been conducted with Residents' Council in the past 12 years. [s. 73. (1) 2.]

WN #6: 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 failed to ensure that the advice of the Residents' Council and Family Council is sought in developing and carrying out the satisfaction survey, and in acting on its results.

Staff and Residents' Council president interviews confirmed that the licensee does not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

Staff and Family Council representative interviews confirmed that the licensee does not seek the advice of the Family Council in developing and carrying out the satisfaction survey and in acting on its results. [s. 85. (3)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that drugs are stored in an area that is used exclusively for drugs and drug-related supplies.

Observation revealed that two sealed labelled envelopes containing personal items were stored in the government stock drug cupboard of medication room.

An interview with DOC confirmed that personal items were to be kept separately in another cupboard in the medication room. [s. 129. (1) (a)]

Issued on this 11th day of March, 2014

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

Nital Sheth.