



**Ministry of Health and  
Long-Term Care**

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**  
**Division des foyers de soins de  
longue durée**  
**Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
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**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**

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 12, 2016	2016_398605_0020	017042-16, 020897-16	Complaint

**Licensee/Titulaire de permis**

2063412 ONTARIO LIMITED AS GENERAL PARTNER OF 2063412 INVESTMENT LP  
302 Town Centre Blvd. Suite #200 MARKHAM ON L3R 0E8

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

Muskoka Shores Care Community  
200 KELLY DRIVE GRAVENHURST ON P1P 1P3

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**  
SARAH KENNEDY (605), NATALIE MOLIN (652)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 24, 25, 26, 27, 28, 31 and November 1 and 2, 2016.**

**The following complaints were inspected: 017042-16 and 020897-16.**

**This complaint inspection was conducted concurrently with the resident quality inspection (RQI) #2016\_514566\_0017. Findings of non-compliance related to s. 6.(7) and s. 6.(4)(b) will be issued in RQI report #2016\_514566\_0017.**

**During the course of the inspection, the inspector(s) spoke with directors of care (DOC), associate director of care (ADOC), registered nursing staff, physician (MD), consultant pharmacist, pharmacist, physiotherapist (PT), registered dietitian (RD), director of dietary services (DDS), personal support workers (PSWs) and substitute decision makers.**

**The following Inspection Protocols were used during this inspection:**

**Continence Care and Bowel Management**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**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)**



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**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).

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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. 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).**



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**Findings/Faits saillants :**

1. The licensee has failed to ensure any protocol put in place was complied with.

A complaint revealed resident #023 was sent to hospital on an identified date and diagnosed with a medical condition. The resident passed away shortly after admission to hospital.

A review of resident #023's healthcare records revealed the resident was sent to hospital on an identified date and a review of a diagnostic imaging report from the same day revealed the resident had a identified medical condition. Healthcare records showed that resident #023 had a history of the identified medical condition.

An interview with ADOC #105 revealed the expectation is for staff to follow an identified protocol as per the resident's plan of care to address the known medical condition. A review of resident #023's look-back record along with the medication administration records (MAR) revealed that he/she did not receive interventions as outlined in the protocol.

On identified dates, medication was not administered as per the identified protocol on seven identified occasions.

An interview with ADOC #105 confirmed staff did not follow the identified protocol for resident #023 on the identified dates in April and May 2016. (652) [s. 8. (1) (a),s. 8. (1) (b)]

***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 any protocol put in place is complied with, to be  
implemented voluntarily.***



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**Issued on this 15th day of December, 2016**

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

**Original report signed by the inspector.**