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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 12, 2018	2018_626501_0002	004705-18	Resident Quality Inspection

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Midland Gardens Care Community
130 Midland Avenue SCARBOROUGH ON M1N 4B2

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

SUSAN SEMEREDY (501), JULIEANN HING (649), NATALIE MOLIN (652)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): March 8, 9, 12, 13, 14, 15, 16, 19, 20, 21, 22, 23, 26, and 27, 2018.

During the inspection the following intakes were inspected:
#001008-18 Follow up related to medication
#003487-18 Follow up related to safe transferring and positioning
#003489-18 Follow up related to safe and secure environment
#003490-18 Follow up related to staff collaboration in the development and implementation of the plan of care
#003491-18 Follow up related to the plan of care provided as specified in the plan
#024350-17 (CI 2789-000085-17) related to transferring and positioning
#020189-17 (CI 2789-000070-17) related to infection prevention and control
#003058-18 complaint regarding infection prevention and control, medication and complaint management.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Directors of Care (DOC), Nurse Managers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Director of Resident Programs, nursing students, residents and substitute decision makers (SDMs).

During the course of the inspection, the inspector(s) observed staff and resident interactions and the provision of care, reviewed health records, staff training records, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Reporting and Complaints
Residents' Council
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

- **5 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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 129. (1)	CO #001	2017_378116_0018	652
O.Reg 79/10 s. 36.	CO #001	2017_324535_0023	652
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #002	2017_324535_0023	501
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #003	2017_324535_0023	501 652
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #004	2017_324535_0023	501 652

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. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures were developed and implemented for cleaning and disinfection of devices, including personal assistance services devices, assistive aids and positioning aids.

Observation made during stage one of the Resident Quality Inspection (RQI) revealed resident #052's assistive aid was unclean on an identified date. Further observation revealed the assistive aid was unclean on another identified date.

Further observations revealed assistive aids for resident #070 and #071 were also unclean. Interview with RPN #109 confirmed these assistive aids were dirty.

Review of a cleaning schedule binder for an identified floor revealed there were no cleanings recorded in 2018. An interview with Nurse Manager #104 revealed that there was a schedule for night staff to do the cleaning of such devices but it had stopped some time in 2017 and needed to be re-implemented.

The home's policy titled Equipment Maintenance & Cleaning – Nursing & Resident Care #VII-H-10.30 revised March 2017, states the Director of Care (DOC) will include equipment inspection and cleaning in specific job routines and provide team members with an appropriate checklist to complete the task. The DOC will review all routine cleaning and inspection checklists monthly.

An interview with the DOC #116 revealed that they were informed by the Physiotherapist (PT), the other day that resident #052's assistive aid was unclean. The DOC confirmed that the home was not following their policy and the cleaning schedule for devices, including personal assistance services devices, assistive devices and positioning aids, was not being implemented. [s. 87. (2) (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 that procedures are developed and implemented for cleaning and disinfection of devices, including personal assistance services devices, assistive aids and positioning aids, to be implemented voluntarily.

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care sets out clear directions to staff and others who provide direct care to the resident.

Resident #051 triggered from stage one of the RQI for having a potential restraint. During stage two of the RQI resident #051 was observed lying in bed with Personal Assistive Service Devices (PASDs).

Record review of resident # 051's Visual/Bedside Kardex Report revealed staff are to check the resident at identified time intervals when the PASDs are applied.

Record review of resident #051's most recent written plan of care revealed the use of PASDs for bed mobility and staff are to check the resident at identified time intervals when the PASDs are applied.

Interview with PSW #112 revealed there was no documented evidence that resident #051 had been checked when the PASDs were applied.

Interview with Nurse Manager #111 revealed resident #051 needs to be checked at identified time intervals.

Interview with the Director of Care #115 revealed resident #051 does not require checking at identified time intervals. The DOC acknowledged that resident #051's written plan of care does not provide clear directions to staff. [s. 6. (1) (c)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and resident's responses to interventions were documented.

A review of resident #037's written plan of care was conducted in order to follow up with compliance order #003 from inspection #2017_324535_0023. Review of the current written plan of care on an identified date, for recreation revealed the resident was not involved in two identified programs. Review of an updated written plan of care, a day later, revealed the resident was involved in one of the programs.

Progress notes revealed the DOC sent a referral to the Activity Department on an identified date, for them to assess if resident #037 would benefit and like to attend identified programs or whether there were any additional activities/programs that would be suitable. Review of progress notes revealed resident #037 was being assessed for one of the identified programs three months after the initial referral. Interview with DOC #116 revealed they did send this email and interview with the Director of Resident Programs revealed they did receive this.

According to the Director of Resident Programs (DRP) resident #037 was assessed by the former identified program therapist and had been attending the program for several months but it was not documented or included in the plan of care. The DRP indicated that they were aware that the former therapist was not documenting as was expected. As well, according to the DRP, resident #037 had been participating in another program which had not been added to the written plan of care.

The DRP stated they were aware that resident #037's plan of care had not been updated to reflect the fact the resident had been assessed and was now interested and participating in many activities which is why the DRP updated the written plan of care the same day the inspector was interviewing staff. The DRP stated it is the expectation that program staff should have updated the plan of care with new interventions sooner.

Interview with DOC #115 confirmed the home did not ensure any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and resident's responses to interventions were documented. [s. 30. (2)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home responds in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Interview with a member of the Residents' Council revealed the home does not always respond to the Council regarding advice related to concerns or recommendations in writing within 10 days. The resident did not recall receiving any response to the residents' concerns regarding meal service and temperature of the food.

Review of the Residents' Council meeting minutes from February 13, 2018, revealed that a concern and recommendation form was completed regarding meals not being served hot or even warm. According to the form, the concern was submitted to the department head on February 23, 2018, and a response was documented in the action taken box and signed by the Director of Dietary Services with no date. There was no documentation that indicated the Council was given this response.

An interview with the Director of Resident Programs on March 16, 2018, verified the home had not responded to the Residents' Council regarding the above mentioned concern.

Further review of meeting minutes revealed that a concern form was submitted to the Environmental Department on June 26, 2017, regarding laundry issues. According to the form, the response was submitted to the Residents' Council on July 10, 2017, which was 14 days later.

The Director of Resident Programs confirmed the home has not always responded in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations. [s. 57. (2)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee has failed to ensure that copies of inspection reports for the long-term care home from the past two years were posted in the home.

During the initial tour of the home on March 8, 2018, the inspector observed that the following public reports were not included in the home's inspection report binder that was available in the library:

• 2017_378116_0018 / 026126-17
• 2017_378116_0018 / 026126-17
• 2017_632502_0013 / 008060-17, 012087-17
• 2017_632502_0014 / 008181-17, 010356-17, 021526-17
• 2017_632502_0014 / 008181-17, 010356-17, 021526-17
• 2017_420643_0006 / 001779-17

The inspector verified with a Toronto Service Area Office Administrative Assistant that the above public reports had been sent to the home for posting. An interview with the ED confirmed the above mentioned reports were not included in the binder. [s. 79. (3) (k)]

Issued on this 13th day of April, 2018

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

Original report signed by the inspector.