

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
Aug 1, 2019	2019_808535_0012	013073-19	Complaint

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 4E6

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

VERON ASH (535)

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): July 4, 5, 2019.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), registered staff RN/ RPN; personal support worker (PSW), and the Substitute Decision Maker (SDM).

During the course of the inspection, the inspector made observations related to the home's care processes; staff to resident, and resident to resident interactions; conducted record reviews and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Pain
Personal Support Services
Reporting and Complaints**

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

**4 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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 O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).

(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).

(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure resident #001 was offered an annual dental assessment and other preventative dental services, subject to payment being authorized by the resident/SDM if payment was required.

A complaint was received by the Ministry of Long-Term Care (MLTC) on an identified date, related to resident #001 assessment and preventative services.

Record review indicated resident #001 was admitted to the home and assessed for cognitive status.

Record review of the resident's plan of care including electronic health records and paper chart indicated no documentation of an identified health assessment and preventative services.

During an interview, the DOC verified that they were not aware if the resident's health assessment was completed in the past, however an assessment was scheduled to be complete on an identified date.

The home's ED informed the inspector that they reviewed resident #001's records and was not able to locate an assessment date.

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 residents are offered an annual dental assessment and other preventative dental services, subject to payment being authorized by the resident/SDM if payment is required, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record of a complaint not resolved within 24 hours was kept in the home.

Record review of the home's complaint binder indicated there was no documentation of the complaint received from resident #001's family.

The home's ED informed the inspector that the former DOC during a telephone conversation, verified that they did not complete a written complaint form at the time of the family's complaint.

Therefore, the home failed to ensure that a documented record related to the complaint was kept in the home.

2. The licensee has failed to ensure that the documented record of complaints were reviewed and analyzed for trends, at least quarterly, the results of the review and analysis were considered to determine what improvements were required in the home, and a written record was kept of each review and of the improvements made in response.

Record review indicated that on an identified date, a family member related to resident #001 sent an email to the home with documented concerns related to the resident's care.

Record review indicated that the home did not have a record of the complaint, nor was a copy of the written complaint forwarded to the Director as was required.

The inspector requested a copy of the home's reporting and complaint review and analysis in 2018. The ED, who started working in the home within the past four months, informed the inspector that the complaint program review and analysis was not completed for 2018.

Therefore, the home failed to ensure documented record of complaints were reviewed and analyzed for trends, at least quarterly, and a documented record was kept of each review.

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 a documented record of a complaint not resolved within 24 hours is kept in the home; and, -to ensure that the documented record of complaints are reviewed and analyzed for trends, at least quarterly, the results of the review and analysis are considered to determine what improvements are required in the home, and a written record is kept of each review and of the improvements made in response, 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. (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 plan of care set out clear directions to staff and others who provided direct care to resident #001.

Record review of the resident's electronic documentation records indicated and interviews with direct care staff verified that resident #001 received their identified care; however, the resident's kardex and written care plan did not include the required information to support appropriate care of the resident by direct care staff.

During separate interviews, RPN #101 and the DOC both reviewed the resident's electronic documentation records, Kardex and written plan of care with the inspector; then verified that the Kardex and written plan of care did not provide clear directions to direct care staff.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a written complaint received by the home concerning the care of a resident was immediately forwarded to the Director.

Record review indicated that on an identified date, a family member related to resident #001 sent an email to the home with documented concerns.

A review of the Centralized Intake Assessment and Triage Team (CIATT) documents indicated that a written complaint was not forwarded to the Director by the home related to the family's identified concerns.

During an interview, the DOC informed the inspector that they had spoken with the resident's substitute decision-maker (SDM) and resolved the issues brought forward by the complainant during a telephone discussion.

The home's ED informed the inspector that they were unsure if the written complaint was forwarded to the Director. The ED also verified that the DOC did not complete a written complaint form at the time of the family's complaint.

Issued on this 1st day of August, 2019

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

Original report signed by the inspector.