

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 10, 2021	2021_876606_0012	020298-20	Complaint

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**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**

JANET GROUX (606), DANIELA LUPU (758)

**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): April 28-30, and May 3-7, 2021.**

**The following intake was completed in this complaint inspection:**

**A complaint related to the Home's food quality, snack and dining services, and menu planning.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Registered Dietitian (RD), Director of Dietary Services (DDS), Food Service Manager (FSM), Dietary Aides (DA), Infection Prevention and Control (IPAC) Lead, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), and residents.**

**The Inspectors also observed staff and resident interactions, provision of care, infection control practices, reviewed residents' health records, and other relevant documents.**

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

**Dining Observation**

**Food Quality**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Snack Observation**

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

**2 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. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(a) is a minimum of 21 days in duration; O. Reg. 79/10, s. 71 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's menu cycle was a minimum of 21 days in duration.

A complaint submitted to the Ministry of Long-Term Care (MLTC) alleged numerous concerns related to the Home's dietary services.

The Home's pandemic menu was a one week menu that provided residents a choice of one hot entree with a second choice sandwich. The pandemic menus included fortified items, beverages, and snacks. Alternate menu options were provided as needed to accommodate individual resident allergies and intolerances.

A resident said they were offered the same menu every week for a number of weeks in 2020.

The Director of Dietary Services (DDS) said the pandemic menus were implemented to manage the Home's dietary services during a COVID-19 outbreak in 2020.

Failing to ensure the Home's menu cycle was a minimum of 21 days could have potentially put residents at further nutritional risk.

Sources: A complaint submitted to the Ministry of Long Term Care, The Home's Pandemic Menus, and interviews with residents and staff. [s. 71. (1) (a)]

***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 the home's menu cycle is a minimum of 21 days in duration, to be implemented voluntarily.***

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**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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff participated in the implementation of the Home's Hand Hygiene program.

During a dining observation, residents were not offered or assisted with hand hygiene before and after their meals. Personal Support Workers (PSW) #104, #105, and Registered Practical Nurse (RPN) #119 said the Home's policy was to ensure residents performed hand hygiene before and after their meals. They acknowledged that they did not follow the Home's Hand Hygiene policy.

Failure to follow the Home's hand hygiene program could put the residents at potential risk of harm.

Sources: dining observations, review of Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014, the Home's Hand Hygiene policy, and staff interviews. [s. 229. (4)]

***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 The licensee has failed to ensure that all staff participate in the implementation of the Hand Hygiene program., to be implemented voluntarily.***

**Issued on this 24th day of June, 2021**

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

**Original report signed by the inspector.**