

**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
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
Feb 10, 2020	2020_808535_0002	023564-19	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

St. George Care Community
225 St. George Street TORONTO ON M5R 2M2

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): January 20, 21, 22, 23, 2020.

The following intake was completed during this inspection: Log #023564-19 (related to multiple care concerns).

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Interim Director of Care (I-DOC), Director of Programs, Resident Assessment Instrument (RAI) Coordinator, registered staff (RN/RPN), personal support workers (PSWs) and family member.

During the course of the inspection, 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:

Medication

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure staff and others involved in the different aspects of care collaborated with each other in the assessment of resident #001, so that their assessments were integrated, consistent with and complemented each other.

The Ministry of Long-Term Care received a complaint.

Record review of the complaint notes and an interview with the complainant indicated multiple areas of concerns. During the interview, the complainant stated that resident #001 was not provided with adequate personal care and and regular showers.

Record review of the resident's Point of Care documentation during an identified period indicated that resident #001 did not receive their showers twice weekly as required.

During an interview, the resident's primary PSW #108 verified that the resident's shower was scheduled during the day shift, and that the resident missed their shower times most days. The PSW stated that the resident's shower might be better scheduled during the evening shift, and that the resident usually display their identified responsive behaviors during the day shift, therefore missing the shower. The PSW verified that the resident missed multiple showers during the identified period, and that they did not inform the registered staff because the registered staff was usually very busy.

During an interview, RN # 102 verified that they were not aware the resident had missed multiple showers regularly. They thought the resident had missed only occasional showers. The RN also stated that PSWs should always report when residents' display responsive behaviors and that they expected the PSW to report when resident #001 missed their shower.

During an interview, ED #100 and Interim DOC #102 both acknowledged that the team did not collaborate with each other in the assessment of the resident so that their assessments were integrated, consistent with and complement each other. [s. 6. (4) (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 staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident, so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 was bathed, at a minimum, twice a week by a method of his or her choice, including tub baths, showers, and full body sponge bath, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Record review of resident #001's Point of Care Bathing records indicated that they missed multiple scheduled showers during an identified period.

During an interview, the resident's primary PSWs #108 verified that the resident's shower was scheduled during the day shift, and that the resident sometimes displayed responsive behaviors, and therefore missed their showers. The PSW also verified that the resident missed multiple showers during the identified period, and that they did not inform the registered staff that the resident had missed their showers consistently because the registered staff was usually very busy.

During an interview, RN # 102 stated that PSWs should always report when residents refuse care, and that they expected the PSW to report when resident #001's missed their shower.

During an interview, ED #100 and Interim DOC #102 both acknowledged that the PSW should report to the registered staff if/when the a resident shower was not provided as scheduled. Therefore, the home failed to ensure that resident #001 was bathed, at a minimum, twice a week by a method of his or her choice. [s. 33. (1)]

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 resident is bathed, at a minimum, twice a week by a method of his or her choice, including tub baths, showers, and full body sponge bath, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

Issued on this 13th day of February, 2020

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

Original report signed by the inspector.