



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|-----------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Jun 2, 2015 | 2015_417178_0006 | T-001648-15 | Resident Quality Inspection |

Licensee/Titulaire de permis

601091 ONTARIO LIMITED
429 WALMER ROAD TORONTO ON M5P 2X9

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

CEDARVALE TERRACE
429 WALMER ROAD TORONTO ON M5P 2X9

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

SUSAN LUI (178), JUDITH HART (513), SARAH KENNEDY (605)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 14, 15, 19, 20, 21, 22, 25, 26, and 28, 2015.

During the course of the inspection, the inspector(s) spoke with the administrator, director of nursing, day nurse manager, associate nurse managers, environmental services manager, programs manager, physiotherapist, social service coordinator, manager of clinical informatics, registered staff, personal support workers, dietary aide.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care**

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>Legendé</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. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

On May 14 and 15, 2015, it was observed by the inspector that a window in the main floor lobby was open the full width of the window pane, which was 48 centimetres wide.

On May 15, 2015 the inspector informed the home's environmental services manager (ESM) of the window. The ESM stated that the window should not open this wide, and that after the windows were washed approximately 10 days prior, the window must have been replaced incorrectly on the wrong side of the window blocker, thereby allowing it to open wider than it should. The home's ESM stated that the problem would be corrected immediately, and within 15 minutes the ESM demonstrated to the inspector that the window had been correctly installed, allowing it to open only 11 and ½ centimetres. [s. 16.]

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 every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the advice of the Residents' Council's is sought on how to act on the results of the satisfaction survey.

Interview with the Residents' Council President revealed that the home shares the results of the satisfaction survey with the Residents' Council, but does not seek the advice of the council on how to act on the results.

Interview with the assistant to the Residents' Council confirmed that someone from the home shares the results of the satisfaction survey with the Residents' Council, but does not seek the advice of the council on how to act on the survey results.

Interview with the director of nursing confirmed that the expectation is for the home to ask the Residents' Council how to act on the results of the satisfaction survey. [s. 85. (3)]

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 advice of the Residents' Council's is sought on how to act on the results of the satisfaction survey, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that residents who require assistance with eating or drinking are served a meal only when someone is available to provide them with assistance.

On May 14, 2015, during lunchtime meal service, it was observed that resident #032 was served the main course before a staff member was available to assist the resident with eating.

Interview with an identified registered staff member confirmed that resident #032 requires assistance with eating and someone was not available to provide the resident with assistance at the time he/she was served the meal.

Interview with the DOC confirmed that the expectation is for residents who require assistance to receive their meals only when someone is available to assist with eating. [s. 73. (2) (b)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies.

Observations on the second floor on May 22, 2015 confirmed that items other than drugs and drug related supplies were stored in the narcotic drawer of the medication cart. The inspector observed several plastic bags containing money and one bag containing a wrist watch in the narcotic drawer of the second floor medication cart. An identified registered staff member confirmed that these items should not be stored in the medication cart, but are sometimes kept there for safe keeping until a family member can pick them up.

The home's director of nursing confirmed that it is the home's policy that only medications should be stored in the medication cart, and that the non-medication items had since been removed from the cart. [s. 129. (1) (a)]

Issued on this 3rd day of June, 2015

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

Original report signed by the inspector.