

**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
Apr 8, 2021	2021_769646_0005	002137-20, 011276-20	Complaint

Licensee/Titulaire de permis

Cedarvale Terrace LTC Inc. as general partner of Cedarvale Terrace LTC Limited Partnership

c/o All Seniors Care Living Centres 175 Bloor Street East, Suite 601 Toronto ON M4W 3R8

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

IVY LAM (646)

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): Onsite inspection: March 2, 3, 4, 5, 8, 9, 11, and 12, 2021. Offsite inspection: March 15 and 16, 2021.

The following intakes were completed as part of the complaint inspection:

- Log #002137-20 related to resident's nutrition care related to oral care and dentition, food quality, and pest control.**
- Log #011276-20 related to recreation and social activities during COVID-19 outbreak, required furnishings, food quality, and pest control.**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Behavioural Support Manager (BSM), Registered Dietitian (RD), Food Service Manager (FSM), Food Service Supervisor (FSS), Kosher Supervisor (Mashgiach), Infection Prevention and Control (IPAC) Manager, Environmental Manager (EM), Housekeepers, Program Therapist, Physiotherapist (PT), Rehabilitation Therapist (RT) Unit Managers (UM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents, Substitute Decision Makers (SDM) and Family Members.

During the course of this inspection, the inspector conducted a tour of the long-term care home, conducted observations, including home's processes, staff-resident interactions and resident care provision; and reviewed residents' and home's records, relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Food Quality
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities**

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

**2 WN(s)
1 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. 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 interventions and responses for two residents were documented.

Per O. Reg. 79/10, s. 65 (2) (b), the organized recreational and social activities program for the home required under subsection 10 (1) of the Act requires that the program includes the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends.

According to the first resident's care plan, they were to be encouraged to participate in one to two recreation activities per week.

The resident's activity records for an identified month showed that the resident participated in two activities for the entire month.

The Behavioural Support Manager (BSM) stated that they had provided assistance on resident's home area, and had 1:1 (one-to-one) visits and activities, but these were not documented.

The Executive Director (ED) stated that the resident was offered video calls regularly, and they also had visits with essential visitors. Staff members were also assigned to care for the residents and would have offered activities at that time. The ED stated all the participation or refusals should have been documented for the resident for the identified month, but they were not documented.

[Sources: Resident's care plan, activityPRO Multi-Day Participation reports, observations on the resident's home area and room, interviews with the resident, Behavioural Support Manager (BSM), and the ED.] [s. 30. (2)]

2. A second resident's care plan had the goal for them to participate in several activities per week and to document changes in the resident's involvement.

Review of the activity calendar on the resident's home area showed regular planned activities in the first month. In the two subsequent months, residents were offered exercises, supplies for 1:1 independent activities, and skype calls due to an outbreak in the home. The resident's activity records showed no activities recorded for 15 days in the first month; two activities in the second month, and no activities for 9 days in the third month.

The resident stated they had not participated in group or 1:1 games activities for about two months. However, they stated staff continued to assist them with calls with loved ones and exercises several times a week.

The Program Therapist stated that 1:1 programs were offered to residents during the outbreak, but they were not aware of the need to document residents' refusals.

The ED stated the programs staff on the resident's home area did not work daily in the home, but recreation resources for residents were available for other staff to provide for the residents. They stated that the resident was ill in the first month, and had refused to participate in programming until the end of the month. The ED further stated staff should document the resident's participation or refusal of programs, and this was not done properly for the resident during the three months identified above.

[Sources: Resident's care plan, activityPRO Multi-Day Participation reports, observations on the resident's home area and room, interviews with residents, Program Therapist, Executive Director (ED), and other staff.] [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 12. Furnishings Specifically failed to comply with the following:

s. 12. (2)The licensee shall ensure that,

(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care; O. Reg. 79/10, s. 12 (2).

(b) resident beds are capable of being elevated at the head and have a headboard and a footboard; O. Reg. 79/10, s. 12 (2).

(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency; O. Reg. 79/10, s. 12 (2).

(d) a bedside table is provided for every resident; O. Reg. 79/10, s. 12 (2).

(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and O. Reg. 79/10, s. 12 (2).

(f) a clothes closet is provided for every resident in the resident's bedroom. O. Reg. 79/10, s. 12 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a comfortable easy chair was provided in a resident's bedroom.

The resident's room was found to be without an easy chair on an identified date, and the resident ate a meal sitting on their bed. The resident could not recall when they last had a chair in their room, and that a chair in their room would be nice.

The Registered Nurse (RN)-Unit Manager (UM) indicated the resident may have placed the chair in the hallway prior to the outbreak, and might not have been returned. They stated that the chair may also have gone to housekeeping for cleaning.

The Environmental Manager (EM) could not recall if a chair was brought down for the resident to be cleaned.

The ED stated every resident should have an easy chair in their bedroom, and staff should have ensured that the resident had a chair, but it was not done.

[Sources: Observation of the resident's room environment, review of the resident's progress notes and care plan, interviews with residents, Registered Nurse (RN)-Unit Manager (UM), Environmental Manager (EM), Executive Director (ED), and other staff].
[s. 12. (2) (e)]

Issued on this 13th day of April, 2021

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

Original report signed by the inspector.