

**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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<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>
Sep 26, 2019	2019_749653_0023	002429-19, 017597-19	Complaint

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**Licensee/Titulaire de permis**

Royal Canadian Legion District 'D' Care Centres  
59 Lawson Rd TORONTO ON M1C 2J1

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

Tony Stacey Centre for Veterans' Care  
59 Lawson Road TORONTO ON M1C 2J1

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

ROMELA VILLASPIR (653), SUSAN SEMEREDY (501)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 16, 17, 18, 19, 20, and 23, 2019.**

**The following complaint intakes were inspected during this inspection:**

**Log #002429-19 related to unsafe positioning techniques resulting in an injury, medications, and skin care concerns.**

**Log #017597-19 related to operations of the home's food production, emergency plans, sufficient staffing, trust accounts, and resident charges.**

**During the course of the inspection, the inspectors conducted observations of resident care provision, meal services, staff and resident interactions, reviewed clinical health records, staffing schedules, trust account statements, emergency plans, and relevant home policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the residents, family members, Substitute Decision-Makers (SDMs), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Physiotherapist (PT), Cook, Dietary Aide, Food Service Supervisor (FSS), Registered Dietitian (RD), Unit Clerks, External Foot Care Nurse, Office Manager, Environmental Manager (EM), Director of Care (DOC), and the Executive Director (ED).**

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

**Food Quality**

**Medication**

**Personal Support Services**

**Resident Charges**

**Safe and Secure Home**

**Skin and Wound Care**

**Sufficient Staffing**

**Trust Accounts**

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

- 6 WN(s)
- 6 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the designate of the resident had been given an opportunity to participate fully in the development and implementation of the plan of care.

The Ministry of Long-Term Care (MLTC) received a complaint related to resident #006 sustaining an injury when staff was getting them ready for bath/ shower.

During an interview, the complainant indicated resident #006 sustained new alteration in skin integrity from unknown cause and the resident's designate was not informed and given answers as to how they were sustained.

A review of Registered Practical Nurse (RPN) #127's progress note indicated on an identified date and time, the Personal Support Worker (PSW) reported they noticed a new alteration in skin integrity on resident #006. A review of RPN #128's progress note documented three days after, indicated the staff reported to them that resident #006 had an alteration in skin integrity. Resident #006's family member came to visit and RPN #128 explained that the alteration in skin integrity was discovered three days prior.

Separate interviews with RPNs #127 and #128 indicated they could not entirely recall the incident, however, both staff further indicated that the resident's family member was supposed to be notified upon the discovery of a new injury or alteration in skin integrity.

During an interview, the Director of Care (DOC) acknowledged the above mentioned information from record reviews and staff interviews, and that resident #006's designated family member was not given an opportunity to participate fully in the development and implementation of the plan of care. [s. 6. (5)]

***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, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care**

**Specifically failed to comply with the following:**

**s. 35. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection. O. Reg. 79/10, s. 35 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that residents received preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection.

The MLTC received a concern related to resident charges.

As part of the inspection, Inspector #653 reviewed the home's unfunded services price list and the residents' unfunded services agreement signed upon admission to the home. The price list indicated the following under Other Charges: "foot care \$30.00". The unfunded services agreement indicated the following under the description of unfunded services: "Foot Care/ Chiropody – charges not covered by OHIP for the provision of professional foot care \$30.00 per session".

A review of the home's policy titled "Bathing" reviewed in August 2005, indicated under procedure that bathing will also consist of hair washing and special attention afforded regarding skin care (i.e. bath oil use for dry skin) and nails. Diabetic residents will have their nails done by registered staff.

Separate interviews with PSWs #114, #115, #118, #121, and RPN #116, indicated residents in the home received basic foot care including the cutting of toenails, from the external foot care nurse. All of them further indicated that the PSWs only cut the residents' fingernails unless they were diabetic, then the registered staff would cut the fingernails. The PSWs and RPN stated this had been a long-time practice in the home.

During an interview, the DOC indicated that basic foot care including the cutting of toenails should be part of the home's basic nursing care. The DOC further indicated they were aware that it had been the home's practice that the external foot care nurse will do the basic foot care, and if the residents/ families did not sign up for the service upon admission, then they would have to set up the basic foot care to be done on their own. The DOC further acknowledged the home did not have a policy related to foot care that would give directions to staff on when advance foot care would be needed and the process to be followed. [s. 35. (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 each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff used safe positioning techniques when assisting resident #006.

The MLTC received a complaint related to resident #006 sustaining an injury when staff was getting them ready for bath/ shower.

A review of the Risk Management Module (RMM) report indicated on an identified date and time, resident #006 sustained an injury while being assisted by staff to the shower room, and the affected area was assessed and treated by the registered staff. The doctor was informed of the injury and an order was given to transfer the resident to the hospital to get further treatment for the injury.

During an interview, PSW #120 indicated at the time of the incident, they provided assistance to resident #006 without a second staff member present. The PSW acknowledged that the resident sustained an injury while they were assisting them to the shower room.

During an interview, RPN #124 indicated at the time of the incident, they heard the PSW calling for help. The RPN attended to the PSW and was informed that resident #006 sustained an injury while being assisted to the shower room. RPN #124 assessed and treated the injury, and resident #006's family member arrived and insisted on sending them to the hospital. The doctor was called and the order was to transfer the resident to the hospital for further treatment. The RPN further indicated the PSW should have waited for another staff member to assist them with resident #006 in going to the shower room, as it was risky and unsafe to do it unassisted.

During an interview, the DOC acknowledged the above mentioned information from record review and staff interviews, and that the PSW did not use safe positioning techniques when they assisted resident #006. [s. 36.]

***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 be implemented voluntarily.***



**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that supplies were readily available at the home to meet the nursing and personal care needs of resident #006.

The MLTC received a complaint related to resident #006 sustaining an injury when staff was getting them ready for bath/ shower.

A review of the RMM report indicated on an identified date and time, resident #006 sustained an injury while being assisted by staff to the shower room, and the affected area was assessed and treated by the registered staff. The doctor was informed of the injury and an order was given to transfer the resident to the hospital to get further treatment for the injury.

A review of the physician's order form indicated on an identified date, the doctor ordered an identified treatment to be done for resident #006's injury.

A review of RN #125 and the doctor's progress note indicated there was no treatment supply in the building, and the doctor strongly stressed to the staff to get the treatment supply and carry out the ordered treatment.

During separate interviews, Unit Clerk #104 and the DOC acknowledged the above mentioned information from record reviews and staff interviews, and that supplies were not readily available at the time to meet the nursing and personal care needs of resident #006. [s. 44.]

***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 supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents, to be implemented voluntarily.***

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**WN #5: 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,  
(e) is approved by a registered dietitian who is a member of the staff of the home;  
O. Reg. 79/10, s. 71 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the menu cycle was approved by a registered dietitian who was a member of the staff of the home.

The MLTC received a concern that the operations of the home's food production was at risk. During an interview with Food Service Supervisor (FSS) #113 related to menu planning, they indicated the Registered Dietitian (RD) of the home has not approved the menu cycle.

An interview with RD #107 confirmed they have not approved the menu cycle for the home as they do not agree that the menu provided by their supplier meets the needs of the residents in the home and they require additional hours to make calculations and appropriate adjustments. [s. 71. (1) (e)]

***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 approved by a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans**

**Specifically failed to comply with the following:**

**s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:**

**1. Dealing with,**

**i. fires,**

**ii. community disasters,**

**iii. violent outbursts,**

**iv. bomb threats,**

**v. medical emergencies,**

**vi. chemical spills,**

**vii. situations involving a missing resident, and**

**viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).**

**s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:**

**2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. O. Reg. 79/10, s. 230 (4).**

**s. 230. (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. O. Reg. 79/10, s. 230 (6).**

**s. 230. (7) The licensee shall,**

**(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

**(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

**(c) conduct a planned evacuation at least once every three years; and O. Reg. 79/10, s. 230 (7).**

**(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).**

**s. 230. (8) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies. O. Reg. 79/10, s. 230 (8).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's emergency plans provided for dealing with violent outbursts.

The MLTC received a concern that the the home did not have plans in place in case of an emergency or crisis.

A review of the home's emergency plans binder indicated there was no plan or policy related to dealing with violent outbursts. An interview with Executive Director (ED) #102 confirmed the home had never tested a code white (violent person/ behavioural situation). [s. 230. (4) 1.]

2. The licensee has failed to ensure that the emergency plans included a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents in case of an emergency.

A review of the home's emergency plans binder indicated the home did not have a system to account for the whereabouts of all residents in the event of an evacuation. An interview with ED #102 and Environmental Manager (EM) #122 confirmed that the home

did not have such a system. [s. 230. (4) 2.]

3. The licensee has failed to ensure that the emergency plans for the home were evaluated and updated at least annually, including the updating of all emergency contact information.

A review of the home's emergency plans binder indicated most of the policies were written in August 2011. There was no indication that these were evaluated or updated since that time. Most of the emergency contact lists had no date. An emergency phone list for the home's pharmacy was dated June 17, 2013. An interview with ED #102 and EM #122 confirmed these plans and emergency contact lists have not been updated. [s. 230. (6)]

4. The licensee has failed to ensure that the home tested their emergency plans, conducted a planned evacuation at least once every three years and maintained a written record of the testing of the emergency plans.

An interview with the EM #122 indicated they were only aware of testing of the fire safety plan. According to the EM no other testing of emergency plans had occurred except for a planned evacuation which they believed occurred about four years ago. The EM was unable to produce any written record of this planned evacuation. [s. 230. (7)]

5. The licensee has failed to ensure that arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies were kept current.

Review of letters written by the church across the street from the home and two Royal Canadian Legions indicated they were willing to act as the home's relocation destination in the event of an emergency. These letters were dated in 2014. Interviews with the ED #102 and EM #122 confirmed these community contacts had not been kept current. [s. 230. (8)]

***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) the emergency plans:***

***-Provide for violent outbursts;***

***-Provide for evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency;***

***-Are evaluated and updated at least annually, including the updating of all emergency contact information;***

***-Related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency are tested.***

***B) the licensee conduct a planned evacuation at least once every three years and keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans, to be implemented voluntarily.***

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**Issued on this 26th day of September, 2019**

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

**Original report signed by the inspector.**