



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection 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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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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
Nov 28, 2017	2017_654605_0019	025607-17	Resident Quality Inspection

Licensee/Titulaire de permis

MON SHEONG FOUNDATION
36 D'Arcy Street TORONTO ON M5T 1J7

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

MON SHEONG HOME FOR THE AGED
36 D'ARCY STREET TORONTO ON M5T 1J7

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

SARAH KENNEDY (605), JANET GROUX (606)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 14, 15, 16, 17, 20 and 21, 2017.

During the course of this inspection, the inspectors toured the home, observed resident care, observed staff to resident interaction, observed a resident medication administration, observed infection control practices, interviewed the Residents' Council (RC) President, interviewed the Family Council (FC) President, reviewed resident health records, meeting minutes, schedules, and relevant policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care, Program and Social Services Supervisor, Dietary Supervisor, Support Services Supervisor, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Substitute Decision Makers (SDM), president of the Family Council, president of the Residents' Council, and residents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home**

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

**3 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>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. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the following rules are complied with: 1. All



doors leading to stairways must be, i. kept closed and locked, ii. equipped with a door access control system that is kept on at all times, and iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

An observation during the initial tour of the home on November 14, 2017, revealed there are three unlocked doors in the basement leading to stairways.

a. One door is accessed by entering the door labeled parking garage exit. This door is unlocked and leads to a hallway. From the hallway there are two doors: one locked/coded door leading to the parking garage exit and one unlocked door leading to a stairwell. The stairwell leads up to a locked emergency exit on the main floor. As per the home's floor plan, this is stair #3.

b. The second unlocked stairway door is accessed through a door leaving the basement activity room. There is an unlocked door leaving the activity room which leads to a hallway. From this hallway, there is access to an unlocked stairwell door. The stairway leads up to a locked emergency exit on the main floor. As per the home's floor plan, this is stair #2.

c. The third unlocked stairway door is accessed through a door either across the hall from the male and female staff rooms or through a set of two doors leading from the activity room. As per the home's floor plan, this is stair #3.

Throughout the course of the inspection, no residents were observed unattended in the basement area. Multiple observations of the identified doors were made and the doors leading to stairways #1, #2 and #3 remained unlocked.

An interview with the Support Services Supervisor revealed all doors leading to the stairways are unlocked at all times because they lead to fire exits.

An interview with the Administrator confirmed that residents have access to these doors and that the doors are kept unlocked. The Administrator also confirmed that the identified doors are not equipped with a door access control system that is kept on at all times, and are not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, is not connected to the resident-staff communication and



response system, or is not connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. [s. 9. (1)]

2. The licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents and are locked when they are not being supervised by staff.

a. An observation on November 14, 2017, revealed the door leading from the large basement activity room into a hallway was unlocked. Inspector #605 entered the hallway and was unable to return to the activity room because the other side of the door did not have a handle. The door leads to a hallway which is not equipped with call bells. The hallway accesses an unlocked door leading to a stairwell (stairs leading up), and a locked and coded door leading to the parking garage. At the time of the observation no residents or staff were in the area.

An interview with the Support Services Supervisor revealed the door remains unlocked because it is a fire door. He stated that residents who live on the second floor and residents who wear wander guards would not be able to access the basement level. However, residents without wander guards or who live on other floors in the home are able to enter the elevator and go to the basement.

b. An observation on November 14, 2017, revealed the doors leading to the female and male staff rooms in the basement were unlocked. Inspector #605 entered the staff rooms. Both staff rooms contain lockers and staff belongings, as well as bathrooms. The staff rooms and washrooms do not have call bells. Further observation revealed the second door leading into the female staff room as a latch on the back of the door. This latch could be locked to restrict access to the staff room from the outside.

An interview with the Support Services Supervisor revealed the doors remain unlocked because residents are never in the area unsupervised. However, it is possible for residents to enter the basement independently.

An interview with the DOC and Administrator confirmed residents have access to the stairwells and other non-residential areas and these doors are kept unlocked/are not equipped with a lock. [s. 9. (1) 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 the following rules are complied with: 1. All doors leading to stairways must be, i. kept closed and locked, ii.equipped with a door access control system that is kept on at all times, and iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that equipment is kept clean and sanitary.

An observation on November 14, 2017, during the initial tour of the home, revealed resident #020's wheelchair was soiled all over.

Observations on November 16, 2017, revealed resident #020's entire wheelchair remained soiled.

Interviews with PSW #104 and #105 revealed housekeeping staff are responsible for cleaning wheelchairs once/month as per a schedule. A review of the cleaning schedule revealed resident #020's wheelchair was scheduled to be cleaned on November 17, 2017. Both PSW's indicated that if a resident's wheelchair is soiled ahead of the scheduled cleaning, housekeeping can be called to clean the chairs.

The Support Services Supervisor confirmed resident #020's wheelchair was soiled and the expectation is for equipment to be cleaned as per the schedule, or when required. Resident #020's wheelchair was not kept clean and sanitary. [s. 15. (2) (a)]

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.
Powers of Residents' Council**

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



1. The licensee has failed to ensure that they respond in writing within 10 days of receiving Resident's Council advice related to concerns or recommendations.

A review of the Residents' Council meeting minutes for 2017 revealed that when an issue was brought forward at a Residents' Council meeting, the council did not receive a response in writing.

An interview with the president of the Residents' Council revealed he/she was unable to recall how the council receives responses.

An interview with the assistant to the Residents' Council confirmed that when an issue is brought forward, he/she discusses this issue with the appropriate department and then shares the answer with the council at the next Residents' Council meeting. The assistant confirmed that the Resident's Council was not receiving a response in writing within ten days of receiving a concern or recommendation, as per expectation. [s. 57. (2)]

Issued on this 1st day of December, 2017

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

Original report signed by the inspector.