

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 11, 2022	2022_766500_0003	017511-21, 020251- 21, 001095-22	Complaint

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

NITAL SHETH (500)

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 19, 20, 21, 24, 25, 26, 27, and 28, 2022.

Three intakes related to essential caregiver and visitors' restriction; concern related to staff assisting residents with eating and duty to protect were completed during this complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DORC), Registered Dietitian (RD), Infection Prevention and Control (IPAC) Lead, Registered Nursing Staff, and Personal Support Workers (PSWs).

During the course of the inspection, the inspector observed residents' care areas, reviewed residents' and the home's records and reviewed Infection Prevention and Control (IPAC) practices in the home.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation**

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

4 WN(s)

3 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. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff used proper techniques to assist residents with eating, including safe positioning of residents who required assistance.

The Ministry of Long-Term Care (MLTC) received a complaint related to staff providing assistance to the residents with eating.

The home's policy entitled, "Feeding Assistance", revised July 2021, indicated that staff to ensure resident maintains 90 degree angle at the hips, knees and ankles, head in upright position and face forward, stability of trunk, feet to be supported solidly on floor or footrest, offer food in bite-size portions using a teaspoon and allow sufficient time for chewing and swallowing, do not rush the resident.

Resident #003 and #006 required staff to assist them with eating and use safe feeding techniques, including their positioning.

The inspector observed Personal Support Workers (PSW) #105 and #109 used unsafe feeding and positioning techniques while assisting resident #003 and #006 with eating. The two residents were not given sufficient time to swallow between spoonfuls and were rushed during eating.

RN #104 verified staff should be seated at eye level while assisting residents with feeding, ensuring the resident is alert and swallows between spoonfuls.

The RD confirmed that staff were required to use safe feeding techniques while assisting residents with eating. By not using safe feeding techniques while assisting residents, staff placed residents at risk of aspiration.

Sources: Observation, Resident #003 and #006's care plans, Policy on Feeding Assistance, Interviews with PSW #109, Agency RN #104, RPN #110, and RD. [s. 73. (1) 10.]

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 has a dining and snack service that includes, at a minimum, the following elements: proper techniques to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

174.1 (1) The Minister may issue operational or policy directives respecting long-term care homes where the Minister considers it to be in the public interest to do so. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The licensee has failed to comply with a Minister issued operational or policy directive respecting long-term care homes where the Minister considered it to be in the public interest to do so.

Directive #3, issued by the Chief Medical Officer of Health (CMOH), dated September 9, 2020, required Long-Term Care Homes to have a visitors' policy in place.

The "COVID-19 Visiting Policy by the Ministry of Long-Term Care" revised November 16, 2020, required homes to establish and implement visiting practices that comply with Directive #3 and the Minister's Directive and align with the guidance in this policy.

Under Directive #3, a home's visitor policy should specify that essential visitors include caregivers. A caregiver is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid

companions and translators. Essential visitors are the only type of visitors allowed when a resident is self-isolating or symptomatic, or the home is in an outbreak.

The document entitled, "COVID-19 Guidance Document for Long-Term Care Homes Ontario", dated January 14, 2022, indicated that the homes may not require scheduling or restrict the length or frequency of visits by caregivers.

Two complaints received by MLTC, and interview with the complainant indicated a concern that the home only allowed essential care givers who feed the residents during outbreak. The complaint indicated that the home scheduled or restricted the length or frequency of essential caregiver visits. The home's visiting hours prior to pandemic were from 0800 to 2000 hours. The home restricted visiting hours from 1000 hours to 1630 hours from December 2020, excluding breakfast and supper time. Some family members were denied acting as an essential caregiver by the home if the resident was independent or symptomatic.

Family Council Meeting Minutes, indicated that the families requested the home to extend visiting hours. Email evidence provided by the complainant indicated that essential care givers were not able to visit their loved ones because either the resident was symptomatic with COVID-19 or the resident was independent.

The home's newsletters and emails to the families indicated that all caregiver visits were suspended except for end of life residents and feeding assistance during the following time-periods:

November 13-16, 2020,
December 14-18, 2020,
April 16-31, 2021,
December 15, 2021- January 17, 2022.

The home's Medical Advisory Committee meeting minutes dated January 12, 2022, indicated that the home continued to restrict caregiver visitations except for feeding and palliative care.

The home's Administrative Assistant (AA), confirmed that the home's visiting hours were between 0945 to 1630 hours.

The local Public Health Unit confirmed that as per Directive #3, the home was to allow

one essential caregiver at a time per resident during an outbreak.

The Administrator, Director of Resident Care (DORC), and Infection Prevention and Control (IPAC) Lead verified that the home only allowed essential caregivers who come for feeding or end of life care during an outbreak.

Sources: Review of evidence provided by the complainant, email conversation and newsletters of the home, visitor's schedule, Directive #3, by the CMOH (September 9, 2020), COVID-19 Visiting Policy by the MLTC (November 16, 2020), COVID-19 Guidance Document for LTC Homes Ontario, (January 14, 2022), interviews with the complainant, AA, IPAC Lead, DORC and the Administrator. [s. 174.1 (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 comply with a Minister issued operational or policy directives respecting long-term care homes where the Minister considers it to be in the public interest to do so, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

The Administrator informed the inspector upon arrival in the home that staff and caregivers were required to wear surgical/procedure masks, and eye protection in resident home areas. Staff were required to use mask, gown, eye protection, and gloves while providing care to the residents in their rooms due to droplet and contact precautions.

The inspector observed PSW #103 and #105 assisting two residents without using appropriate Personal Protective Equipment (PPE). RN #104 and Activity staff #106 were observed working on the resident home area without using appropriate PPE.

The inspector observed that PSW #107 did not perform hand hygiene after removing their PPE and initiating a subsequent task.

The DORC verified that staff were required to use mask, gown, gloves and eye protection while inside residents' rooms on three identified floors due to ongoing outbreak of COVID-19. The IPAC Lead verified that staff were required to perform hand hygiene after removing PPE and before initiating a next task.

Sources: Observations, Interviews with IPAC Lead, DORC and the Administrator. [s. 229. (4)]

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 all staff participate in the implementation of the Infection Prevention and Control (IPAC) program., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :

1. The licensee has failed to report an alleged staff to resident abuse incident to the Director.

The MLTC received a complaint related to staff to resident alleged abuse.

A staff member reported an alleged incident of abuse by a PSW to a resident to the DORC. The Administrator received an email about the same alleged incident of abuse on an identified day. The Administrator confirmed that they did not inform the Director about this alleged abuse incident as there was no abuse substantiated by the home's investigation.

Sources: A review of the home's investigation notes, Interviews with PSW staff, DORC, and the Administrator. [s. 24. (1)]

Issued on this 14th day of February, 2022

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

Original report signed by the inspector.