



**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**

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

**Division de la responsabilisation et de la performance du système de santé  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 9, 2013	2013_162109_0043	T-535-13	Other

**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**

SUSAN SQUIRES (109)

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

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): December 5, 2013**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, President of Resident's Council, Physiotherapist (as an interpreter), Residents, Registered staff, Personal Support Workers**

**During the course of the inspection, the inspector(s) Conducted a walk through of the care areas, reviewed the health record for identified residents, reviewed the restraint policy, reviewed Resident Council meeting minutes, observed lunch meal**

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



Dining Observation  
Minimizing of Restraining  
Residents' Council

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**



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**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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Inspector observed cracks in the flooring in the corridor on the 4th floor, as well cracks were observed on the flooring in an identified resident room.

The inspector observed in an identified room resident bathroom baseboard to be broken apart from the wall as well as the cabinet door on the bathroom vanity to be broken and off of the hinges [s. 15. (2) (c)]

2. During the walk through of the home, the Inspector observed that there was drywall damage on the walls in the dining room/lounge area.

The Inspector observed cracks in the flooring of the corridor outside of a specified bedroom. [s. 15. (2) (c)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**



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**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:**

**8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that all meals are served course by course unless otherwise indicated by the resident or the resident's assessed needs.

On an identified date during the lunch meal the Inspector observed the residents in the first floor dining room. Most of the residents were provided with all courses of food before they were finished eating the first course. The courses were congee, main entree meal and dessert. Residents were observed to be reaching across their lunch plate of food to reach their fruit or yogurt dessert.

There was no indication as to which of the residents requested to have all courses served at the same time when the Director of Care stated that some residents like to have all courses at once.

Residents who required total feeding by the nursing staff were also provided with all entrees at once. [s. 73. (1) 8.]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 110.**

**Requirements relating to restraining by a physical device**

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

**s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

**2. The physical device is well maintained. O. Reg. 79/10, s. 110 (1).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the physical restraining device was well maintained.

Resident # 2 has a seat belt restraint applied. The inspector observed the restraint strap to be frayed and torn away from the metal fastener. There was a knot tied into the broken belt to enable the staff to close the belt.

The restraint was not maintained in a good and safe condition.

Note: the restraint was replaced by the home upon becoming aware of the Inspector's observation. [s. 110. (1) 2.]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 111.  
Requirements relating to the use of a PASD  
Specifically failed to comply with the following:**

**s. 111. (2) Every licensee shall ensure that a PASD used under section 33 of the Act,**

**(a) is well maintained; O. Reg. 79/10, s. 111. (2).**

**(b) is applied by staff in accordance with any manufacturer's instructions; and O. Reg. 79/10, s. 111 (2).**

**(c) is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 111 (2).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the PASD used under section 33 of the Act is well maintained.

Section 33 applies to a PASD. If the PASD has the effect of limiting or inhibiting a resident's freedom of movement and the resident is not able, either physically or cognitively, to release themselves from the PASD.

Resident # 1 has a seat belt PASD around the waist and attached to the wheelchair. According to the Director of Care and the nurse on the care unit, the PASD is used to ensure the resident is sitting properly in the wheelchair.

Inspector observed the strap of the seat belt PASD to be frayed and broken away from the metal clasp. The belt strap had been tied together in a knot to enable the user to clasp it.

The seat belt had been altered and was not in good repair.

NOTE: The PASD was replaced by the home upon becoming aware of the Inspector's observation. [s. 111. (2)]

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**Issued on this 12th day of December, 2013**

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

A handwritten signature in black ink, appearing to read "S. P. L.", written in a cursive style.