Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 3, 2015	2015_321501_0004	T-563-13	Complaint

Licensee/Titulaire de permis

NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET NORTH YORK ON M2K 1E1

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

SENIORS' HEALTH CENTRE
2 BUCHAN COURT NORTH YORK ON M2J 5A3

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

SUSAN SEMEREDY (501)

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 29 and 30, 2015.

During the course of the inspection, the inspector(s) spoke with administrator, director of care (DOC), acting associate director of care, registered staff, environmental services supervisor, dietary supervisors, maintenance workers, personal support workers (PSW), private care workers, residents and substitute decision makers.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Dining Observation
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **8 WN(s)**
- **5 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of care is documented.

Record review revealed that residents #2 and #3's provision of a shower has not been documented.

Record review revealed that resident #2 is to have a shower on Thursdays and Saturdays but there was no recorded shower on an identified date. Record review revealed that resident #3 is to have a shower on Tuesdays and Fridays but there was no recorded shower on two identified dates. Record review revealed there was no documentation for either resident as being unavailable for or refusing a shower on those days.

Interview with the acting associate director of care confirmed that the provision of showers for residents #2 and #3 has not been consistently documented. [s. 6. (9) 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 the provision of care is documented, to be implemented voluntarily.

WN #2: 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. (2) The licensee shall ensure there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 363/11, s. 1 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas are locked when they are not being supervised by staff.

On January 29 and 30, 2015, the inspector observed that the door for room #462 was found open. The inspector observed that the room contained laboratory items such as needles and vials. Interview with registered staff and the environmental supervisor confirmed this door should be kept locked at all times as needles could pose a danger to residents. [s. 9. (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 all doors leading to non-residential areas are locked when they are not being supervised by staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily accessed and used by residents.

Interview with resident #2 revealed that when he/she is in the wheelchair in his/her room, he/she is unable to reach his/her call bell and has asked the home to have an extension put on the cord. The resident stated he/she feels helpless when staff place him/her in his/her room in the wheelchair because he/she cannot maneuver the wheelchair without assistance and cannot reach the call bell. On January 29, 2015, the inspector observed that the call bell was unreachable by the resident when he/she was in the wheelchair in his/her room. Staff interviews revealed the home needed to order the parts to extend the cord which would take approximately a week. [s. 17. (1) (a)]

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 is equipped with a resident-staff communication and response system that can be easily accessed and used by residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:
4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the continence care and bowel management program provides strategies to maximize residents' independence, including equipment.

Interview with resident #2 revealed that he/she needs a larger toilet seat and he/she has told the home about this. Interview with registered staff confirmed resident #2 has asked for a larger toilet seat however, a maintenance worker informed him/her that this resident already has the largest seat that the home provides. Interview with resident #2 revealed there are larger toilet seats available that some families have supplied. Interview with the environmental services supervisor confirmed the home will look into acquiring a toilet seat that is appropriate for resident #2. [s. 51. (1) 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 the continence care and bowel management program provides strategies to maximize residents' independence, including equipment, to be implemented voluntarily.

WN #5: 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:
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).**

**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:
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

**s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :

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

On January 29, 2015, the inspector observed in the west side of the second floor dining room, a PSW serving dessert to all residents without taking into consideration whether they had finished their entrée or not. Interview with the dietary supervisor confirmed that the PSW should not be serving dessert to those residents who have yet to finish their entrée. [s. 73. (1) 8.]

2. The licensee has failed to ensure that tables in resident dining areas are at an appropriate height to meet the needs of all residents.

On January 29, 2015, the inspector observed during the lunch meal that resident #4 was sitting in a wheelchair very low from the table with his/her shoulders at table height. Interview with the dietary supervisor confirmed that the home does not have adjustable tables to accommodate the needs of all residents. Interview with the administrator revealed the home is looking into acquiring some tables that will be adjustable. [s. 73. (1) 11.]

3. The licensee has failed to ensure that residents who require assistance with eating or drinking are served a meal only when someone is available to provide assistance.

On January 29, 2015, the inspector observed a bowl of soup in the middle of a table in the second floor dining room. Interview with the PSW at the table revealed this was soup for resident #1 but he/she was not sitting beside him/her and was not assisting him/her. The PSW then moved to sit beside the resident and feed him/her the soup. Interview with the dietary supervisor revealed that the PSW should have been sitting in between the two residents at the table in order to assist both of them and that the meal should only be served when someone is available to provide assistance. [s. 73. (2) (b)]

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 meals are served course by course unless otherwise indicated by the resident or the resident's assessed needs, that tables in resident dining areas are at an appropriate height to meet the needs of all residents and that residents who require assistance with eating or drinking are served a meal only when someone is available to provide assistance, to be implemented voluntarily.

WN #6: 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 the home is maintained in a good state of repair.

On January 30, 2015, the inspector observed that the air vent in room 451 was covered with tape which was coming apart and the tape and surrounding area were caked with dirt. Interview with the environmental supervisor confirmed that this area was not maintained in a good state of repair. [s. 15. (2) (c)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that there is a written record of each annual evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Record review and interview with the DOC revealed that the home does not have a written record of the last annual evaluation of the staffing plan but has evaluated and updated the plan which has just recently been implemented. Interview with the administrator confirmed that they did not have a written record of the annual evaluation that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. [s. 31. (4)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that planned menu items are offered and available at each meal.

On January 30, 2015, the inspector observed in the third floor dining room during lunch that four residents were waiting for the mushroom Swiss hamburger entrée at 12:40 p.m. because the servery had run out. Three residents were served the entrée at 12:50 p.m. with bread instead of a bun and cheddar cheese instead of Swiss cheese. At 1 p.m. the fourth resident was served his/her entrée with a bun and Swiss cheese but was very upset to have waited for so long. Interview with a dietary supervisor revealed that the production sheet had already been changed to account for more hamburgers on the third floor and confirmed that those residents who were served late should have received the planned menu items which included a bun and Swiss cheese. [s. 71. (4)]

Issued on this 3rd day of February, 2015

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

Original report signed by the inspector.