

**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
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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 6, 2020	2020_769646_0013	000616-20, 000617- 20, 000618-20	Follow up

Licensee/Titulaire de permisNorth 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**

IVY LAM (646)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 28, 29, and 30, 2020; and October 1 and 2, 2020.

The following intakes were completed in this follow-up inspection:

Log #000616-20 for Compliance Order #001 from inspection #2019_769646_0015 related to responsive behaviours;

Log #000617-20 Compliance Order #002 from inspection #2019_769646_0015 related to falls prevention; and

Log #000618-20 Compliance Order #003 from inspection #2019_769646_0015 related to prevention of abuse and neglect of residents.

During the course of the inspection, the inspector(s) spoke with the director of care (DOC), assistant directors of care (ADOCs), physiotherapist (PT), registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), and residents.

The inspector conducted observations of staff to resident interactions, resident observations, reviewed residents' clinical records, staffing schedules, home's compliance plan and meeting records, and reviewed policy and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2019_769646_0015		646
O.Reg 79/10 s. 55.	CO #001	2019_769646_0015		646
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #002	2019_769646_0015		646

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
 - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 was reassessed and the plan of care reviewed and revised when the care set out in the plan had not been effective.

This inspection was initiated to follow up on Compliance Order (CO) #002 from an inspection related to falls prevention.

Review of the resident's risk management reports and post fall incident report showed that the resident had two unwitnessed falls in 2020.

On both incidents, the resident fell while self-transferring from bed to their assistive mobility device.

Review of the resident's current written care plan showed the resident was at risk for falls, and their interventions for falls included reminding the resident to use their call bell before transferring to reduce their risk of falls. The care plan further stated the resident had behaviours that impacted the proper use of their assistive mobility device, and staff were to ensure that the resident's assistive mobility device was ready for the resident to use properly.

Multiple observations of the resident during the inspection showed the resident's assistive mobility device could not be properly used.

Interviews with two PSWs stated they had attempted to set the resident's assistive mobility device properly but the resident did not allow the staff to assist them.

Interviews with three PSWs and one RN stated the care plan intervention to remind the resident to use their call bell to notify staff for assistance is ineffective, as the resident does not use the call bell and would not ask for assistance. The staff members stated the most effective intervention to prevent the resident's falls was to monitor the resident when they go back to the room, as they are more likely to self-transfer at those times.

The charge RN and the DOC both stated the resident's care plan for falls prevention should have been revised when the care set out in the plan was not been effective, and it was not done.

Sources: CO #002 from #2019_769646_0015; the home's compliance action plan; the

resident's post fall incident forms; the resident's current care plan; observations of the resident; interviews with staff. [s. 6. (10) (c)]

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 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with all the conditions outlined in CO #003 from a previous inspection.

The required auditing process to ensure that all staff follow the resident care assignments during staffing shortage to ensure that residents' care needs are met, was not developed or fully implemented. Further, the evaluation of the audit results was not completed.

Review of the registered staff report template and the staff daily schedule showed that there were two days in an identified month where the home was short on one staff, and another day in the same month where the home was short on another staff.

Sources: CO #003 from #2019_769646_0015; the home's compliance action plan; Registered Staff Report template, interviews with DOC and other staff. [s. 101. (3)]

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 licensee complies with the regulations, and every directive issued, order made or agreement entered into under this Act and those Act, to be implemented voluntarily.

Issued on this 17th day of November, 2020

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

Original report signed by the inspector.