

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: August 30, 2024.
Inspection Number: 2024-1238-0003
Inspection Type: Complaint Critical Incident Follow up
Licensee: North York General Hospital
Long Term Care Home and City: Seniors' Health Centre, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 14-16 and, 21-23, 2024.

The following Critical Incident (CI) and follow up intake(s) were inspected:

- Intake #00119960 was related to compliance order #001 from Inspection #2024-1238-0002 related to FLTCA, 2021, s. 24 (1).
- Intake #00120388-Critical Incident (CI) #2744-000021-24 was related to medication management.

The following complaint intake was inspected:

- Complaint intake #00121608 was related to resident care and services.

The following intake(s) were completed in this inspection:

- Intake #00116977-CI #2744-000011-24 related to medication management.

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1238-0002 related to FLTCA, 2021, s. 24 (1) inspected by Trudy Rojas-Silva (000759)

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Administration of drugs

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drugs were used by or administered to a resident in the home unless the drugs had been prescribed for them.

Rationale and Summary

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A resident received medications that were prescribed for another resident and was later transferred to hospital for monitoring due to the medication error.

Staff incorrectly administered medication to the resident, resulting in the resident being sent to hospital and increasing their risk for adverse health outcomes.

Sources: resident clinical records, and interview with relevant staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The home failed to ensure the resident who required continence care products had sufficient changes to remain clean, dry and comfortable.

Rational and Summary

The resident's care plan stated they wore incontinence products and needed staff assistance for toileting.

The resident was observed on a specified date for a specified amount of time, where the resident's continence product was not checked, nor did they receive continence care by staff.

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The PSW who was assigned to the resident stated they changed the resident only once on their shift. The PSW and RPN both stated they were aware the home's expectation was for residents incontinence products to be changed twice per shift and as needed.

Staff failed to assist the resident with sufficient changes which put them at risk for impaired skin integrity and infection.

Sources: Resident care plan, interview with relevant staff and, observations made on a specified date.

WRITTEN NOTIFICATION: Plan of Care

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure the care set out in the plan of care was provided to the resident, as specified in their care plan.

Rationale and Summary

The resident was observed on a specified date for a specific amount of time to be seated in an upright position without being repositioned.

The resident's care plan stated they needed to be repositioned every two hours.

Staff failed to reposition the resident every two hours while they were seated which

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increased their risk for impaired skin integrity and quality of life.

Sources: Resident care plan, interview with relevant staff, observations made on a specified date.

WRITTEN NOTIFICATION: Continence care and bowel management

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure that the resident who is incontinent had an individualized plan, as part of their plan of care, to promote and manage bladder continence based on the assessment and that the plan is implemented.

Rational and Summary

A complaint was received that the resident was not changed which resulted in their brief and pants becoming saturated with urine.

The resident's care plan stated that they were to be toileted as needed, and the resident's continence had not been re-assessed.

The PSW identified that the resident was frequently incontinent.

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Director of Nursing (DOS) stated that the resident should have been re-assessed when the resident became incontinent and, that their current care plan was not based on the resident's individual toileting needs.

Staff failed to develop an individualized plan based on an assessment of the resident's current continence status, to promote and manage bladder continence, which put the resident at an increased risk for developing skin injuries, infection and discomfort.

Sources: resident clinical records, interview with relevant staff.