Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 6, 2025
Original Report Issue Date: January 14, 2025
Inspection Number: 2024-1238-0004 (A1)
Inspection Type: Complaint Critical Incident
Licensee: North York General Hospital
Long Term Care Home and City: Seniors' Health Centre, North York

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #001 was amended to be rescinded and the following will be newly issued in this Amended Inspection Report:

A Written Notification (WN) related to FLTCA, 2021 s. 6 (7).
A WN related to FLTCA, 2021 s. 9 (2).
A Non-compliance Remedied (NCR) related to FLTCA, 2021 s. 6 (7).

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7-10, 13-14, 2025
The inspection occurred offsite on the following date(s): January 13, 2025

The following intake was inspected in this complaint inspection:

- Intake #00132002 was related to alleged neglect with falls prevention and management, medication administration, activities of daily living and dining and snack service.

The following intake(s) were inspected in this critical incident (CI) inspection:

- Intake: #00130619 [CI #2744-000029-24] and Intake: #00131340 [CI #2744-000030-24] were related to a fall with injury.

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

- Intake: #00129531 [CI #2744-000027-24] was related to a fall.
- Intake: #00132358 [CI #2744-000031-24] was related to alleged improper care of a resident, fall prevention and management, and medication administration.

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that the plan of care for a resident provided clear direction to those who provided direct care to the resident. The plan of care indicated that the resident required assistance with an activity of daily living (ADL), however it additionally stated that the resident required a different level of assistance for the same ADL in a different section. Staff acknowledged that the resident's plan of care did not provide clear directions to staff for the resident's ADL.

Source: Resident's clinical records and staff interview.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that when a resident exhibited altered skin integrity, they received a skin assessment by registered staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A resident had an incident which resulted in the resident exhibiting altered skin

integrity. A skin and wound evaluation was not completed on the date of the incident.

Source: Resident's clinical records and staff interview.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure a resident's responsive behaviours were reassessed, and interventions were implemented.

A resident consistently refused aspects of their care. The care plan stated staff were to provide care on designated days and times. Staff confirmed resident consistently refused aspects of their care, and the resident's responsive behaviours in relation to their refusal of aspects of their care were not reassessed.

Source: Resident's clinical record and staff interview.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee failed to ensure that the response provided to a person who made a complaint included, the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010. A complainant made a written complaint to the home. The complainant was not provided with a written response that included the Ministry's toll-free telephone number for making complaints about homes as part of the response.

Source: Complaint binder, resident's clinical records and staff interview.

WRITTEN NOTIFICATION: Administration of Drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a resident's medication was administered in accordance with the directions for use specified by the prescriber.

A resident's medication was found in the pouch and had not been administered.

Source: Resident's clinical records and incident report.

(A1)

The following non-compliance(s) has been amended: NC #006

COMPLIANCE ORDER CO #001 Plan of care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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.

(A1)
The following non-compliance(s) has been newly issued: NC #007

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #007 remedied pursuant to FLTCA, 2021, s. 154 (2)
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 provide care set out in the plan of care for a resident.

A part of the care that was set out in the plan of care was not seen during an observation. However, prior to the end of this inspection, the care was implemented as per the resident's plan of care.

Source: Resident's clinical records and observations.
Date Remedy Implemented: January 10, 2025

(A1)
The following non-compliance(s) has been newly issued: NC #008

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #008 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 failed to ensure that the care set out in the plan of care related to an activity of daily living (ADL) was provided to a resident by a Personal Support Worker (PSW). The resident's level of assistance needed with an ADL was changed. A PSW had provided the resident provided the resident with a different level of assistance that resulted in a fall with injury and hospitalization.

Source: Resident's clinical record and staff interview.

(A1)
The following non-compliance(s) has been newly issued: NC #009

WRITTEN NOTIFICATION: Documentation

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 2.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
2. The outcomes of the care set out in the plan of care.

The licensee has failed to ensure that outcomes of the care set out in the plan of care were documented related to a resident.

The care plan stated the resident should be offered assistance with an ADL on specified days. Staff did not document all of the resident's responses when they were offered assistance with the ADL.

Source: Resident #002's clinical record and staff interviews.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.