



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

**Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486**

**Bureau régional de services de
Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 29, 2013	2013_163189_0001	T-68-13	Resident Quality Inspection

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

NICOLE RANGER (189), SUSAN LUI (178), SUSAN SQUIRES (109)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 4, 5,6,7,8, 11,12,13,14,15,18, 19, 21, 2013

The following LOG's were inspected during this Resident Quality Inspection and the findings are included in this report:

**T-967-11
T-1319-11
T-2846-11
T-1188-12
T-1809-12
T-2132-12**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), RAI Coordinator, Environmental Manager, Food Service Manager, Registered Dietitian, Physiotherapist, Registered Staff, Personal Support Workers (PSW), Activation Aides, Administration Assistant, Resident Council Representative, Family Council Representative, Residents and Residents' family members

During the course of the inspection, the inspector(s) observed resident care, reviewed resident records, reviewed home policies and procedures, observed resident care areas, observed meal and snack services, observed recreation activities, observed staff/resident interactions

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Dignity, Choice and Privacy

Dining Observation

Falls Prevention



**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**

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that every resident has the right to give or refuse consent to any treatment, care or services for which his or her consent is required by law and be informed of the consequences of giving or refusing consent.

Staff interviews and record review confirm that on June 3, 2011 an identified Personal Support Worker (PSW) did not respect the right of Resident # 2 to refuse his/her shower. The resident physically resisted the shower, and the PSW continued to provide the care.

During interview, the PSW stated that he/she was aware from the resident's behaviour in resisting the shower that he/she did not want to have a shower, but /heshe continued to shower the resident, fearing that it would be considered neglect if he/she did not. [s. 3. (1) 11. ii.]

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 following resident rights are fully respected and promoted:

that every resident has the right to give or refuse consent to any treatment, care or services for which his or her consent is required by law and be informed of the consequences of giving or refusing consent, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



**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**

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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. 2007, c. 8, s. 6 (7).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

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 :



**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**

1. The licensee has failed to ensure that staff and others involved in different aspects of care for Resident # 174, collaborated with each other.

Record review and staff interviews confirm that on February 22, 2012 Resident # 174 had bloodwork drawn which indicated that the resident's blood sodium level was extremely elevated. The results of this bloodwork were not communicated to the resident's physician until March 7, 2012. On March 8, 2012 the resident's blood sodium level was rechecked and had risen even higher. The resident was then transported to hospital where he/she was admitted with dehydration and severe hyponatremia. [s. 6. (4)]

2. The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The plan of care for toileting for Resident #215 states resident requires 2 person transfer with standing lift.

On February 21, 2013, 2 PSWs manually transferred the resident from bed to toilet without the use of a standing lift. During the transfer the resident sustained an injury to his/her right knee. [s. 6. (7)]

3. The activation plan of care for Resident #174 states that resident is at risk for social isolation and requires a visit 2 to 3 times per week from the recreation staff to develop or sustain contact using conversation.

During the inspection period the inspectors observed the resident to be sitting alone in his/her room on several occasions.

Staff interview and record review reveals that from December 1, 2012 to March 14, 2013, the resident did not receive his/her recommended 2 to 3 visits per week as per plan of care, and at most received 1 visit per week from the recreation staff. [s. 6. (7)]

4. The licensee failed to ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the plan of care and have immediate and convenient access to it.

The plan of care for Resident # 197 is not immediately and conveniently accessible to the Personal Support Workers (PSWs) providing her care.

The PSW's have access to the resident's Point of Care Kardex which lists only some

of the resident's care interventions. Resident # 197's interventions for fall management do not appear on point of care kardex and are therefore inaccessible to the PSWs providing care to this resident.

In order to access the full plan of care for the residents, the PSW staff have to seek out a nurse or someone who has access to the computerized documentation system to enable the PSWs to view the plan of care. [s. 6. (8)]

5. The licensee failed 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 the resident's care needs change or the care set out in the plan has not been effective.

Resident # 198 experiences daily pain to the shoulders and daily headaches. According to the resident the pain to the shoulders is not relieved by the prescribed analgesia and the headaches are only partially relived.

The resident has not been reassessed for his/her pain and the plan of care has not been revised for greater than 6 months (7/13/11) in response to the pain symptoms. [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 shall ensure the following in relation to residents' plans of care:

- that the care set out in the plan of care is provided to residents as specified***
- that the staff and others who provide direct care to the resident are kept aware of the contents of the plan of care and have convenient and immediate access to it***
- that the resident is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the care set out in the plan has not been effective, to be implemented voluntarily.***

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



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

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 failed to ensure that the resident-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times.

Between March 6 to March 8, 2013, inspectors observed call bells in identified areas on the first floor that could not be activated and were not functioning

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-staff communication and response system can be easily used by residents, staff and visitors at all times, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

14. Hydration status and any risks relating to hydration. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care for Resident # 174 was based on an interdisciplinary assessment that includes the resident's hydration status and any risks relating to hydration after his/her discharge from hospital in March 2012. Resident records and staff interviews confirm that the resident presented to hospital with severe dehydration and hypernatremia, likely due to inadequate fluid intake. On return from hospital, the resident was not assessed by a registered dietitian, and his/her written plan of care was not revised to address the resident's risk of dehydration. [s. 26. (3) 14.]

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 plan of care for all residents is based on an interdisciplinary assessment that includes the resident's hydration status and any risks relating to hydration, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice.

During interview with inspector the Resident #003 reported that he/she prefers to have a bath rather than shower but the home does not have a functioning bath tub.

Staff interview confirmed that the resident refuses to have showers. [s. 33. (1)]

2. During an interview with inspector, Resident #004 reported that he/she prefers to have a bath and does not like having a shower. The resident reported that the home did not offer a choice of bath or shower. The resident reported that his/her roommate informed him/her "don't even bother asking for a bath because they won't give you a bath". [s. 33. (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 residents is bathed by the method of his or her choice, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee failed to ensure that staff use safe transferring and positioning techniques when assisting residents.

Record review and staff interviews indicated that Resident # 215 requires a mechanical lift for transfers. On February 21, 2013, 2 PSWs manually transferred the resident from bed to toilet without the use of a mechanical lift. During the transfer the resident sustained an injury to his/her right knee. [s. 36.]



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

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 staff use safe transferring and positioning techniques when assisting residents, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when a resident has fallen, the resident is assessed and where the condition or circumstances of the resident require, a post fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Resident # 197 who had been identified as being at risk of falls, fell on December 12, 2012, December 25, 2012 and February 7, 2013. There was no post fall assessment using a clinically appropriate assessment instrument that is specifically designed for falls completed after any of these falls. [s. 49. (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 when a resident has fallen, the resident is assessed and where the condition or circumstances of the resident require, a post fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Resident # 198 experiences daily pain in his/her shoulders and daily headaches which are not relieved by the daily analgesia that is prescribed. Staff interviews and record review indicated that no pain assessments have been conducted for resident # 198 using a clinically appropriate assessment instrument. [s. 52. (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 when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



**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**

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:

2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. 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:

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:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. Resident and staff interviews confirm that the licensee has failed to ensure that the dining and snack service includes a review of meal and snack times by Residents' Council. [s. 73. (1) 2.]

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

During the lunch meal in the first and third floor dining rooms on March 4, 2013, the inspectors observed several residents served their main plate before they had finished their soup and their dessert before finishing their entree meals.

Staff interview with an identified PSW indicated that they are supposed to serve one course at a time to fulfill the pleasurable dining requirement, but if a resident is a slow eater they will sometimes serve them more than one course at a time. [s. 73. (1) 8.]

3. During lunch meal on March 4, 2013 in first floor dining room, Inspector observed an identified volunteer feeding soup to a resident whose head was hyper-extended and not supported in an appropriate position.

The volunteer stated that he/she feeds this resident once a week when he/she volunteers in the home. The volunteer stated he/she had not received any training related to feeding residents. [s. 73. (1) 10.]

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 residents who require assistance with eating are positioned safely, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training



**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**

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that staff receive training on the home policy to promote zero tolerance of abuse and neglect of residents.

Staff interviews and home record review confirm that all staff have not received training on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities. A review of the records of 5 front line staff hired in 2012 indicated that 3 of the 5 staff members have not yet received any training on the home policy to promote zero tolerance of abuse and neglect of residents. [s. 76. (2) 3.]

2. The licensee has failed to ensure that staff receive training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident, prior to performing their responsibilities.

Staff interviews and a review of the records of 5 front line staff hired in 2012 indicated that 3 of the 5 staff members have not yet received any training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident. [s. 76. (2) 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 before performing their responsibilities all staff receive training in the home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 24 to make mandatory reports, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there is a sufficient supply of clean linens, face cloths, and bath towels always available in the home for use by the residents.

On March 11, 2013, the Personal Support Workers (PSWs) informed the inspector that there are not enough soaker pads available to put on the resident beds. Day staff report they received only 6 soaker pads for a 60 bed unit.

The Inspector observed only 10 soaker pads were sent to the same unit for the evening shift.

According to the staff on 2 different care units, there are not enough towels and washcloths to provide care to the residents. Staff report having to use face cloths to dry the resident or use one end of a towel to wash and the other end to dry the resident. [s. 89. (1) (b)]

2. The licensee failed to ensure that the linens, face cloths and towels are kept in a good state of repair.

The Inspector observed threadbare sheets, pillow cases, and soaker pads throughout the home. [s. 89. (1) (c)]



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

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 there is a sufficient supply of clean linens, face cloths, and bath towels in a good state of repair always available in the home for use by the residents, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the direct care staff are provided training in pain management, including recognition of specific and non-specific sign of pain.

The direct care staff have not been provided training in pain management. This was confirmed by the staff education coordinator on March 18, 2013 [s. 221. (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 direct care staff receive additional training on pain management, including pain recognition of specific and non specific signs of pain, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

**s. 229. (2) The licensee shall ensure,
(e) that a written record is kept relating to each evaluation under clause (d) 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. 229 (2).**

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

2. Residents must be offered immunization against influenza at the appropriate time each year. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the infection prevention and control program is evaluated and updated at least annually in accordance with evidence-based practices.

The annual evaluation for the infection prevention and control program was not completed for 2012. Director of Care (DOC) reported last annual evaluation was completed in 2011. [s. 229. (2) (d)]

2. The licensee failed to ensure that a written record is kept relating to the evaluation of the the infection prevention and control program that includes the date of evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the dates that those changes were implemented.

There is no written record of an evaluation of the Infection Prevention and Control program since 2011. This was confirmed by the Director of Care on March 15, 2013 [s. 229. (2) (e)]

3. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

During the course of the inspection, inspectors observed on March 11, 2013 improperly stored aerochambers within the first and second floor medication carts. The aerochambers had been previously used to administer inhaled medications to different residents. The used aerochambers were observed to be stored in the medication carts with the mouthpieces touching each other. [s. 229. (4)]

4. On March 11, 2013 a registered staff member was observed to give medications to two different residents without performing hand hygiene in between. [s. 229. (4)]

5. Staff interview indicates that staff use communal nail clippers on residents without proper sanitizing in between residents.

Staff interview indicates that staff will use the same nail clippers on various residents, with only wiping the clippers with an alcohol swab in between residents. [s. 229. (4)]

6. The licensee failed to ensure that each resident admitted to the home is screened for tuberculosis(TB) within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.



**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**

Resident #004 was admitted to the home on February 18, 2013. The resident was not screened for TB until March 10, 2013 using a Mantoux skin test.

Resident #005 was admitted to the home on February 1, 2013. The resident was not screened for TB until February 18, 2013 using a Mantoux skin test. [s. 229. (10) 1.]

7. The licensee failed to ensure that residents are offered immunization against influenza at the appropriate time each year.

Staff interviews and record reviews indicate that Resident # 004 and Resident # 005 were not offered and did not receive influenza vaccine for 2012- 2013 influenza year. [s. 229. (10) 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 staff participate in the implementation of the infection prevention and control program while carrying out their duties in the home, and that the infection prevention and control program is evaluated on an annual basis, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**
 - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
 - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**
-

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 of the Act to make mandatory reports.

Review of the home's policy Abuse and Neglect of a Resident-Actual or Suspected, (policy # VII-G-10.00) confirmed that the policy does not contain an explanation of the duty under section 24 of the Act to make mandatory reports.

The policy does state under the list of Administrator or designate duties that the Administrator will advise the Ministry Of Health and Long Term Care(MOHLTC) Director regarding the ongoing investigation through the Critical Incident reporting system, however the policy does not contain an explanation of the duty under section 24 of the Act to make mandatory reports in a case of suspected, alleged or actual abuse. [s. 20. (2)]

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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. 30 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that a written record relating to each evaluation under paragraph 3 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.

There was no written evaluation for the Skin and Wound management program and the Falls Management Program conducted in 2012. This was confirmed by the Director of Care on March 18, 2013 [s. 30. (1) 4.]



**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**

WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures

Specifically failed to comply with the following:

s. 75. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75. (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that criminal reference checks are conducted on new employees within 6 months before the staff member is hired as per O.Reg. 79/10 s. 215(2)(b).

Staff interviews and review of the records of 3 recently hired staff confirm that criminal reference checks were not conducted within 6 months before each of these staff members was hired.

Record review confirms that the criminal reference check for the first identified employee, hired Dec 10/12, was completed on Feb 7, 2012, well after the date of hire, and after the employee began working shifts within the home.

Record review confirms that the criminal reference check for a second identified employee, hired Dec 10, 2012, was completed 8 months before the date of hire, which does not meet Regulation 215 (1)(b), which requires that the criminal reference check be completed within 6 months before the staff member is hired.

Record review confirms that the criminal reference check for the third identified employee, hired Dec 10, 2012, was completed Feb 6, 2013, well after the date of hire and after the employee had began working shifts in the home. [s. 75. (1)]

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)**
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)**
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)**
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)**
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)**
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)**
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)**
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)**

Findings/Faits saillants :

1. The licensee failed to ensure that the following required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements.

The following required information was not posted in the home:

The policy to promote zero tolerance of abuse and neglect of residents. [s. 79. (3) (c)]

2. The notification of the long term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained. [s. 79. (3) (g)]

3. An explanation of the measures to be taken in case of fire. [s. 79. (3) (i)]

4. An explanation of evacuation procedures. [s. 79. (3) (j)]

WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to seek the advice of the Residents' Council and the Family Council in developing and carrying out the resident satisfaction survey, and in acting on its results. Resident, family and staff interviews confirm that the licensee has failed to seek the advice of Residents' Council and the Family Council in developing and carrying out the residents' satisfaction survey. [s. 85. (3)]



**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**

WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.****

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents identifies measures and strategies to prevent abuse and neglect.

Review of the home's policy Abuse and Neglect of a Resident-Actual or Suspected, (policy # VII-G-10.00) confirmed that the policy does not identify measures and strategies to prevent abuse and neglect. [s. 96. (c)]

2. Review of the home's policy Abuse and Neglect of a Resident-Actual or Suspected (policy 3 VII-G-10.00) confirmed that the licensee has failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff including:

- i. training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
- ii. situations that may lead to abuse and neglect and how to avoid such situations. [s. 96. (e)]

WN #20: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and

(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that an identified resident's SDM and any other person specified by the resident were immediately notified upon becoming aware of the alleged, suspected or witnessed incident of abuse or neglect of the resident that resulted in a physical injury or pain to the resident, or that caused distress to the resident that could potentially be detrimental to the resident's health or well-being. The home failed to inform Resident #204's SDM immediately of an allegation that a personal support worker abused the resident during shower care. The report of the incident submitted to the MOHLTC by the home indicates that the family would be notified after all fact finding was complete. The family was notified of the incident within 4 days of the home's management becoming aware of it. [s. 97. (1) (a)]

WN #21: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug related supplies.

During observations of the first, third and forth floor medication cart on March 11, 2013, inspectors noted various non drug and non drug related items being stored in the medication carts and double locked narcotics bins. These items included 12 envelopes labeled with the names of various residents, containing items such as jewelery, keys, money. Other non drug related items included an electric razor, hearing aid batteries, toothpaste and nail clippers. [s. 129. (1) (a)]

2. The licensee failed to ensure that the medications in the medication cart are stored in compliance with manufacturer's instructions for the safe storage of drugs.

During observation of the second floor medication cart on March 11, 2013, inspector noted a bottle of Senekot tablets which expired in February 2013. [s. 129. (1) (a)]

WN #22: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information



**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**

Specifically failed to comply with the following:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act. O. Reg. 79/10, s. 225 (1).

2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act. O. Reg. 79/10, s. 225 (1).

3. The most recent audited report provided for in clause 243 (1) (a). O. Reg. 79/10, s. 225 (1).

4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 225 (1).

5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

Findings/Faits saillants :

1. The licensee failed to post the most recent audited report.

On March 13, 2013, the Administration Assistant confirmed that the most recent audited report has not been posted and communicated. [s. 225. (1) 3.]



**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**

Issued on this 3rd day of May, 2013

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

A handwritten signature in black ink, appearing to read "Nicole Kang", written over a white background within a rectangular box.