



Ministry of Health and
Long-Term Care

Ministère de la Santé et des Soins
de longue durée

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

Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de 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
Feb 25, 2019	2019_684604_0001	019698-18, 019702-18, 019705-18, 019710-18, 019953-18, 020685-18, 020686-18, 020688-18	Follow up

Licensee/Titulaire de permis

Shepherd Village Inc.
3758/3760 Sheppard Avenue East TORONTO ON M1T 3K9

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

Shepherd Lodge
3760 Sheppard Avenue East TORONTO ON M1T 3K9

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

SHIHANA RUMZI (604), LAURIE MORRISON (747), SAMI JAROUR (570)

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): January 8, 9, 10, 14, 15, 16, 17, 18, 21, 23, 24, 25, 28, 29, 30, 31, February 1, 2, 3, and 4, 2019.

The following intakes related to orders were completed:

-Intake #019698-18, related to follow-up Order #001, served on June 29, 2018, within



report #2018_630589_0003, under LTCHA, 2007, c. 8, s. 19. (1), related to the Duty to Protect.

-Intake #019702-18, related to follow-up Order #002, served on June 29, 2018, within report #2018_630589_0003, under O. Reg., 79/10, s. 5, related to Safe and Secure Environment.

-Intake #019705-18, related to the follow-up Order #003, served on June 29, 2018, within report #2018_630589_0003, under LTCHA, 2007, c. 8, s. 6. (4), related to collaboration.

- Intake #019710-18, related to the follow-up Order #004, served on June 29, 2018, within report #2018_630589_0003, under LTCHA, 2007, c. 8, s. 6. (7), related to care not provided.

- Intake #019953-18, related to the follow-up Order #001, served on June 29, 2018, within report #2018_462600_0004, under LTCHA, 2007, c. 8, s. 6. (8), related to ensuring staff are kept aware of the plan of care.

-Intake #020685-18, related to the follow-up Order #002, served on June 29, 2018, within report #2018_462600_0004, under LTCHA, 2007, c. 8, s. 19. (1), related to Duty to Protect.

-Intake #020686-18, related to the follow-up Order #003, served on June 29, 2018, within report # 2018_462600_0004, under LTCHA, 2007, c. 8, s. 3. (1), related to Resident's Bill of Rights.

- Intake #020688-18, related to the follow-up Order #004, served on June 29, 2018, within report # 2018_462600_0004, under LTCHA, 2007, c. 8, s. 73. (1), related to proper positioning.

During the course of the inspection, the inspector(s) spoke with Director, Client Care Services (DCCS), Acting Director of Care (Acting DOC), Director of Care (DOC), Dietitian, Dietary Aide (DA), Quality Compliance Manager (QCM), Director of Facility Services (DFS), Physiotherapist (PT), Human Resources Coordinator (HRC), Finance Manager (FM), Resident Assessment Instrument Minimum Data Set (RAI-MDS) Coordinator, Physiotherapy Assistant (PTA), Recreation Assistant (RA), Reception Staff, Registered Nurse Manager (RNM), Registered Nurse Float (RNF),



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Charge Registered Nurse (CRN), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Private Care Giver (PCG), Housekeeping/Maintenances (HM), Administrative Assistant (AA), and Substitute Decision Maker (SDM).

During the course of the inspection, the inspectors conducted a tour of the home related to exit doors on the main floor, made observations of staff and resident interactions, provision of care, conducted reviews of health records, and staff training records, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home**

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

**3 WN(s)
3 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.	CO #001	2018_630589_0003		570
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2018_462600_0004		604
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #003	2018_462600_0004		570
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #002	2018_630589_0003		604
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #003	2018_630589_0003		604
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #004	2018_630589_0003		604
LTCHA, 2007 S.O. 2007, c.8 s. 6. (8)	CO #001	2018_462600_0004		604



O.Reg 79/10 s. 73. (1)	CO #004	2018_462600_0004	570
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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



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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 :



The licensee had failed to ensure that the resident was 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 changed or care set out in the plan is no longer necessary.

On August 15, 2018, the licensee was served order #002, under LTCHA, 2007, c. 8 s. 19 (1), within report #2018_462600_0004. The home was to be in compliance on December 31, 2018. The order referred to resident #019, who did not receive the required care after returning back to the home from hospital.

Inspector #604 reviewed the home's recent hospital transfer list and resident #043 was noted as the most recent resident to be transferred back to the home from hospital.

Resident #043 was transferred to hospital on an identified date when the resident sustained identified injuries and returned to the home from the hospital on an identified date with a change in health status.

A documentation review was carried out for resident #043's written plan of care and kardex with an identified print date. The documents reviewed indicated identified focuses related to Activities of Daily Living (ADL's).

Interviews were conducted on an identified with identified shift Personal Support Worker (PSW) staff #133, #139, #140, and Registered Practical Nurse (RPN) #141, and Float Registered Nurse (FRN) #122 who provided direct care to resident #043. The PSW's and RPN reviewed resident #043's current written plan of care and kardex with the identified print date. RPN #141 and FRN #122 indicated that it was the responsibility of the registered staff to ensure residents are reassessed and the plan of care reviewed and revised when the resident's care needs change or the plan is no longer necessary. The PSW's and RPN acknowledged that the written plan of care and the kardex did not reflect resident #043's current care needs.

An interview was carried out on an identified date with the home's Acting Director of Care (Acting DOC) and was provided a copy of the written plan of care and kardex as indicated above for resident #043 to review with the Inspector. The Acting DOC acknowledged that the current plan of care had not been reviewed and revised to reflect resident #043's current care needs nor was the resident reassessed post hospital admission.



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 was 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 changed or care set out in the plan is no longer necessary, 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:

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 Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

The licensee had failed to comply with the following requirement of the Long Term Care Home's Act (LTCHA): it is a condition of every license that the licensee shall comply with every order made under this Act.

On June 29, 2018, the home was served Compliance Order (CO) #004, within inspection #2018_462600_0004, under LTCHA, 2007, s. 73. (1), with a compliance date of December 31, 2018.

CO #004 indicated the licensee must be compliant with O.Reg 79/10, r. 73. (1), specifically the licensee must:

1. Re-educate all direct care staff on proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
2. Maintain attendance records of all staff who participated in the education.
3. All staff must ensure that residents are provided with sufficient time to eat at their own pace.



4. Develop, implement and maintain an auditing process to ensure that staff are using proper techniques and positioning when feeding residents.

The licensee had complied with step two, three, and four of this order.

The licensee failed to comply with step one of this order as licensee had failed to re-educate all direct care staff, on proper techniques to assist residents with eating, including safe positioning of residents who required assistance.

A review of the licensee's compliance binder labeled "Compliance Binder 2018", number two indicated CO #004 was initially served on an identified date. The binder consisted of education material on "Best Practices in Dining Experience in Long-Term Care". The binder included in-services attendance sheets which indicated a total of 100 staff attended training for an identified period of time.

Inspector #570 conducted a review of the home's "Surge Learning Report" (SLR) education program related to training on feeding and positioning. The report was provided by the home's Quality Compliance Manager (QCM) #100, on an identified date, and stated the report was generated by Human Resource Coordinator (HRC) #123. The SLR report revealed 202 direct care staff in the home and 114 direct care staff attended the education which included managers, PSW's, RN's, and RPN's. A total of 88 (44 %) direct care staff in the home were not trained on feeding and positioning as the SLR report had blank spaces next to staff names.

An interview was conducted on an identified date, with the HRC #123 who indicated that training was offered as an in-service on Feeding and Positioning. The HRC indicated that the blank space in the SLR report meant that the staff was not in attendance or were not educated and that the report was based on attendance sheets from the in-service which was offered on an identified date. The HRC acknowledged that 88 direct care staff were not educated.

Interviews were conducted on identified dates with PSW #121, #136, #148, #149, #150, RPN #108, #151, and RN # 152 and #129. The staff interviewed acknowledged that between an identified period of time, they did not receive training on Feeding and Positioning related to proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Interviews were conducted on identified dates, separately with Acting DOC #138, and

QCM #100. The QCM indicated that the licensee was to train all direct care staff on Feeding and Positioning related to proper techniques to assist residents with eating which also included safe positioning of residents. The Acting DOC and the QCM acknowledged 88 (44 %) of direct care staff listed on the SLR report were not trained. The Acting DOC indicated that most of the staff who did not attend the education were casual and night staff.

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 comply with the following requirement of the Long Term Care Home's Act (LTCHA): it is a condition of every license that the licensee shall comply with every order made under this Act, to be implemented voluntarily.

WN #3: 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 :



The licensee had failed to ensure that drugs were stored in an area or a medication cart that was secured and locked.

On an identified date and on an identified area of the home, Inspector #604 was in an identified location of the unit and observed a PSW go in and out of an identified room and the door was found to be unlocked. The Inspector also observed an unlocked treatment cart to be stored in the identified room. Nurse Manager (NM) #104 arrived with documents for and Inspector and was informed of their observation. Inspector #604 with Inspector #747 and the NM entered the identified area and the NM acknowledged that the identified door was unlocked. Inspector #604 was able to open the treatment cart drawers and found prescribed topical creams to be stored in the unlocked treatment cart for four identified residents.

An interview was conducted on an identified date, with NM #104, who stated that the home's expectation was that treatment cart was to be locked when not in use. The NM indicated RPN staff store the treatment cart in an identified location of the home and the treatment cart was to be locked. The NM acknowledged that above listed prescribed topical creams was not stored appropriately as the treatment cart was not locked and secured.

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 drugs where stored in an area or a medication cart that was secured and locked, to be implemented voluntarily.



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Issued on this 4th day of March, 2019

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

Original report signed by the inspector.