

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Toronto Service Area Office
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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
Dec 18, 2019	2019_630589_0027	022917-19	Other

Licensee/Titulaire de permisToronto Finnish-Canadian Seniors Centre
795 Eglinton Avenue East TORONTO ON M4G 4E4**Long-Term Care Home/Foyer de soins de longue durée**Suomi-Koti Toronto Nursing Home
795 Eglinton Avenue East TORONTO ON M4G 4E4**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JOANNE ZAHUR (589), ADAM DICKEY (643)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

**This inspection was conducted on the following date(s): December 3, 4, & 5, 2019.
December 6, & 10, 2019, off-site.**

This inspection is a Toronto Service Area Office Initiated Inspection.

**During the course of the inspection, the inspector(s) spoke with the
Administrator/Director of Care (Admin/DOC), Registered Staff (RN), Personal
Support Workers (PSW), Dietary Aide (DA), and the Food Services Manager (FSM).**

**During the course of this inspection, the inspectors conducted resident
observations, including dining observation and a medication administration
observation. The inspectors conducted reviews of resident and home records
including relevant policies and procedures.**

The following Inspection Protocols were used during this inspection:

Dining Observation

Infection Prevention and Control

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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 O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #003 was assessed at least weekly by a member of the registered nursing staff, when exhibiting altered skin integrity.

Resident #003 was identified for inspection related to skin and wound care management.

Record review indicated that resident #003 had staged areas of altered skin integrity which met the criteria for weekly wound assessments. The record review also indicated two interdisciplinary assessments had been completed, and that one of these assessment provided specific care requirements for the areas of altered skin integrity.

A review of the licensee's policy "Skin-Care and Wound Management: Standards and Criteria", subject: Skin Assessments, number S-12, revised July 2015, indicated under the subject of skin assessments, that a change in skin integrity requires the registered staff to do a weekly skin assessment on the treatment sheet.

A review of resident #003's health record over the past quarter indicated no weekly wound assessments had been completed by LTCH registered staff for the above-mentioned areas of altered skin integrity.

During an interview, staff #100 stated that resident #003's areas of altered skin integrity, clinically indicated that weekly assessments were to be completed. During this interview the inspector and staff #100 reviewed resident #003's electronic health record noting that weekly wound assessments had not been completed for the past quarter.

During a conversation, staff #104 acknowledged that clinically indicated weekly wound assessments had not been completed for resident #003. [s. 50. (2) (b) (iv)]

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 a resident is assessed at least weekly by a member of the registered nursing staff, when exhibiting altered skin integrity, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the planned menu items were offered and available at each meal.

Review of the home's cycle menu and daily menu indicated that the planned menu on an identified date during this inspection, were as follows:

- Pork chop with gravy and applesauce, herbed mashed potatoes and buttered turnips, and
- Alternate choice of Honey garlic chicken with mixed vegetables.

During an observation of dining service during this inspection, it was observed by the inspector that only regular texture mixed vegetables were present in the steam table in the unit servery. No minced texture or pureed texture mixed vegetables were observed.

Staff #101 was asked regarding the availability of minced and pureed texture mixed vegetables and they indicated that they were not available in the unit servery at the time of the meal service. Staff #101 indicated that they would instead serve minced or pureed turnips.

During an interview, staff #102 indicated that it was the expectation that all vegetable choices would be prepared and offered in each diet texture. Staff #102 indicated that the minced and pureed texture mixed vegetables were cooked, and had been left downstairs and were not available on the unit at the time of meal service on this date. Staff #102 acknowledged that not all the planned menu items were offered and available to residents as the minced and pureed texture mixed vegetables were not available at meal service. [s. 71. (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 the planned menu items are offered and available at each meal, to be implemented voluntarily.

Issued on this 24th day of December, 2019

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

Original report signed by the inspector.