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

Original Public Report

Report Issue Date: October 2, 2024
Inspection Number: 2024-1103-0002
Inspection Type: Critical Incident
Licensee: Revera Long Term Care Inc.
Long Term Care Home and City: Main Street Terrace, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 16-20, 2024

The following intake(s) were inspected:

- Intake #00120260/Critical Incident (CI) #2589-000011-24 – related to an alleged staff to resident abuse.
- Intake #00121672/CI #2589-000015-24 – related to an alleged staff to resident abuse.
- Intake: #00123495/CI #2589-000023-24 – related to alleged staff to resident abuse
- Intake #00121208/CI #2589-000012-24 & Intake #00121425/CI #2589-000013-24 – related to improper/incompetent treatment of a resident resulting to injury.
- Intake #00122425/CI #2589-000018-24 & Intake #00122426/CI #2589-000019-24 – related to improper transfer resulting to injury.

The following intake(s) were completed:

- Intake: #00124542/CI #2589-000027-24/CI #2589-000025-24 and Intake: #00122784/CI #2589-000021-24 – were all related to falls.

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

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

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 (7)

Plan of care

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

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

Rationale and Summary

A resident's plan of care indicated a specified fall intervention.

The staff confirmed that a resident was observed with their specified fall intervention not in place.

There was a risk of injury to a resident when their fall intervention was not provided as specified.

Sources: A resident's clinical records and staff interviews.

WRITTEN NOTIFICATION: Notification Re Incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (2)

Notification re incidents

s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee has failed to ensure that a resident's Substitute Decision Maker (SDM) was notified of the results of the investigation.

Rationale and Summary

A Critical Incident (CI) Report was submitted when a resident was observed with skin impairment and verbalized that staff was hitting them.

At the time of inspection, the home was not able to present documentation that the resident's SDM was notified about the results of the investigation.

There was no risk to the resident when their SDM was not informed about the outcome of the home's investigation.

Sources: CI Report, home's investigation notes, a resident's clinical records and staff interview.

COMPLIANCE ORDER CO #001 Transferring and Positioning Techniques

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

1. Review the contents of the compliance order with all PSWs and registered staff in a specified unit.
2. Re-educate all PSWs and Registered staff working in a specified unit related to the home's No Manual Lift Directive.
3. Document the education provided, including the content of the material reviewed, the date completed, staff attendance, and the individual who provided the education.
4. Conduct weekly lift and transfer audits in a specified unit to ensure that staff use safe transferring and positioning devices or techniques for residents for a period of four weeks.
5. Maintain a written record of the completed audits including the name of the person who completed the audit, the date of the audit, name of the staff being audited, outcome of the audits and any corrective actions taken if required.

Grounds

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

Rationale and Summary

1) A resident was found on the floor, transferred to the hospital, and returned with a new diagnosis.

Resident records indicated that the resident was manually transferred from the floor to the wheelchair post fall incident.

Staff stated resident was in pain and unable to bear weight when found on the floor. The staff confirmed that they manually lifted the resident from the floor with another staff. The home stated they have a No Manual Lift Directive and staff were expected to follow the directive and use a mechanical lift when transferring residents post fall incident.

Sources: A resident's clinical records, home's CI Investigation Notes, No Manual Lift Directive CARE6-O10.06-LTC (Review Date: March 31, 2024) and staff interviews.

2) A CI Report was submitted when a resident had an unwitnessed fall, requiring hospital transfer and resulted in an injury.

The home's No Manual Lift Directive, indicated, that staff were to use a mechanical lifting device to lift residents from the floor.

The home's CI investigation notes indicated staff assisted the resident off the floor manually.

Staff confirmed that the resident was assisted up from the floor to a standing position without the use of a mechanical lift.

There was an increased risk of injury to residents when staff did not use the mechanical lift when assisting them post fall.

Sources: Home's CI investigation notes, No Manual Lift Directive CARE6-O10.06-LTC (Review Date: March 31, 2024) and staff interviews.

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This order must be complied with by November 14, 2024

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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.