



**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
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Direction de l'amélioration de la
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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 |
|--|---|--------------------------------|--|
| Nov 27, 2015 | 2015_356618_0017 | CSC-001943-15 | Complaint |

Licensee/Titulaire de permis

McKenzie Health
10 TRENCH STREET RICHMOND HILL ON L4C 4Z3

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

Mackenzie Health Long Term Care Facility
10 TRENCH STREET RICHMOND HILL ON L4C 4Z3

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

CECILIA FULTON (618)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 5,6,7,8,9,12, 2015

This inspection was conducted concurrently with the Resident Quality Inspection #CSC-025618-15.

During the course of the Resident Quality Inspection an area of non-compliance was found under s. 115 (3) which will be identified in inspection report #2015_413500_0015.

During the course of the inspection, the inspector(s) spoke with Personal support staff (PSW), Registered Nurse (R.N.), Registered Practical Nurse (R.P.N.), Physiotherapist (P.T), Director of Care (D.O.C.), Administrator, Residents and Resident's family member.

During the course of this inspection observations were made of the Resident and the delivery of care to the Resident. Review of applicable policies and procedures, resident health records and minutes of applicable meetings was conducted.

The following Inspection Protocols were used during this inspection:

Medication

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

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

2 WN(s)

0 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>Legendé</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

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 :

1. The Licensee has failed to ensure that the plan of care is revised when the resident's care needs change.

Review of resident #001's current care plan states that the resident requires two persons for constant supervision with two person extensive physical assistance for transfers.

Signage in the resident's room indicates that the resident requires a two person transfer.

Interview with PSW # 140 revealed that they have been asked by the resident's family member to modify their technique when transferring or positioning the resident. PSW #140 stated that they have observed the resident indicating they are in discomfort on some occasions when providing care. As a result of these instructions and observations PSW #140 has modified their care of the resident, avoiding certain movements during transferring and dressing, using the waist band of resident's pants to initiate a lift or repositioning and guiding the resident by holding their pants or back.

Interview with P.T. staff # 141 revealed that the resident requires a two person assist for transfers. Staff #141 was aware that the resident has issues with upper extremity discomfort stating that the resident cannot push from one side, so when we get them up we assist them. Staff #141 stated that because of the discomfort we discourage the resident from pushing on this side and that staff are supposed to protect this side. Staff #141 stated that one of the strategies used to accomplish this goal is to hold resident by the pants instead of the arm.

Observation of the resident while being transferred demonstrated that staff was positioned on either side of the resident and that they guided them to a standing position using the waistband of their pants.

Interview and care plan review conducted with registered staff # 108 revealed that the plan of care does not provide details with regards to these accommodations that staff are implementing when transferring the resident. Staff #108 indicated that they had not been made aware that these accommodations were being performed.

Interview with the DOC verified that when there is information pertaining to the care of a resident it should be in the revised plan of care so that it can be communicated to all staff. [s. 6. (10) (c)] [s. 6. (10) (c)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. 1.The licensee shall ensure that a documented record of each verbal and written complaint is kept in the home that includes,

(e) every date on which any response was provided to the complainant and a description of the response and

(f) any response made in turn by the complainant.

Review of six concern records related to resident #001 failed to meet the requirements as set out in r.101. (2). (e) and (f).

The concern records dated October and December 2012, May, September and October 2013, and July 2015, did not indicate any date on which any response was provided to the complainant and a description of the response and subsequently any response made in turn by the complainant.

Record review and interviews with staff #133 and Administrator, staff # 127 confirmed the Inspectors findings. [s. 101. (2)] [s. 101. (2)]



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Issued on this 15th day of December, 2015

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

Original report signed by the inspector.