

**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**

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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
Jun 17, 2021	2021_891649_0010	006622-20, 012462- 20, 012954-20, 012956-20, 005562-21	Critical Incident System

Licensee/Titulaire de permis

University Health Network
R. Fraser Elliott Building 1S-417 190 Elizabeth Street Toronto ON M5G 2C4

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

Lakeside Long Term Care Centre
150 Dunn Avenue Toronto ON M6K 2R6

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

JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 17, 18, 19, 20, 26, 27, 28, 31, June 1, 2, 3, and 4, 2021.

The following Critical Incident System (CIS) intakes were completed during this CIS inspection:

Logs #006622-20, CIS #2929-000004-20, #012956-20, CIS #2929-000006-20 - related to falls prevention and management,

Logs #012462-20, CIS # 2929-000005-20, #012954-20, CIS #2929-000007-20 - related to plan of care,

Log #005562-21, CIS #2929-000005-21 - related to transferring and positioning technique.

PLEASE NOTE: A Written Notification (WN) and a Voluntary Plan of Correction related to O. Reg. 79/10, r. 101. (1) 1. identified in a concurrent inspection #2021_891649_0011 (Logs #007242-21 and #007610-21) was issued in this report.

During the course of the inspection, the inspector(s) spoke with the Interim-Executive Director (I-ED), Director of Care (DOC), Registered Nurses (RNs), Personal Support Workers (PSWs), Heavy Duty Staff, and residents.

During the course of the inspection the inspector observed staff to resident interactions, conducted resident observations, reviewed residents' clinical records, staffing schedules, and observed Infection Prevention and Control Practices (IPAC).

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Personal Support Services

Recreation and Social Activities

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	
Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was investigated and resolved where possible, and a response that complied with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleged harm or risk of harm to one or more residents, the investigation was commenced immediately.

A complaint was reported to the Ministry of Long-Term Care (MLTC) related to the resident's diagnosis of an injury after transfer to hospital. Record review indicated that the resident's substitute decision-maker (SDM) made a written complaint via e-mail to the long-term care home, asking for an investigation into the cause of the resident's injury. According to resident's SDM the Director of Care (DOC) at the time, acknowledged receipt of the complaint and advised that they would pass it on as it was their last day at the home. The interim ED acknowledged that a written response was not provided by the home within 10 business days to the resident's SDM in response to their written complaint.

Sources: resident's health records, interview with interim ED and other staff. [s. 101. (1) 1.]

2. A complaint was reported to the MLTC related to a resident's health issue. Record review indicated that the resident's substitute decision-maker (SDM) made a written complaint to the long-term care home, expressing concern about a health issue. The interim ED acknowledged having knowledge of the complaint and confirmed that a written response was not provided by the home within 10 business days to the resident's SDM complaint.

Sources: resident's health records, interview with interim ED and other staff. [s. 101. (1) 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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately, to be implemented voluntarily.

WN #2: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

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

Inspectors #649 and #704758 observed a PSW inside a resident's room assisting the resident with their lunch meal not wearing their personal protective equipment (PPE) as per guidelines, when the resident required a specific intervention. The PSW mistakenly took the inspectors for someone else and immediately donned the appropriate PPE outside the resident's room. The PSW apologized for their actions and told the inspectors it would not happen again.

This concern was brought to DOC's attention who advised that they expected staff to follow the posted isolation precautions for them and the resident's safety.

Sources: Inspectors #649 and #704758's observations, and interview with the PSW and other staff. [s. 229. (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 all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 18th day of June, 2021

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

Original report signed by the inspector.