



**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
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 2, 2013	2013_157210_0017	TI-T-13- 001072	Critical Incident System

Licensee/Titulaire de permis

TORONTO REHABILITATION INSTITUTE
550 UNIVERSITY AVENUE, TORONTO, ON, M5G-2A2

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

SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): July 02, 03, 04, 2013

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), RAI MDS Coordinator, Administrator, Acting Director of Care (DOC), Physiotherapist (PT), Physiotherapy assistants.

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed the clinical health records, staff training records, and home policies related to falls prevention and management program.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that all direct care staff are provided training in falls prevention and management in 2012 and 2011.

The interview with Personal Support Workers, the acting Director of Care and the Administrator, and the review of the in-service attendance records confirmed that direct care staff were not provided training in falls prevention and management in 2011 and 2012. [s. 221. (1) 1.]



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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 direct care staff are provided training in falls prevention and management, to be implemented voluntarily.

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that there is written plan of care that sets out the planned care for resident, to address the risk and interventions for falls.

The plan of care related to risk for falls for Resident #1 stated that the resident is at high risk for falls related to declining physical status, limited physical mobility such as muscle weakness and decrease in muscle coordination with unsteady gait; The goal is to reduce number of falls and injuries through review; The resident had frequent falls in the past quarter and resident's leg are weak and she has tendency to lose her balance unexpectedly. There were no interventions identified to reduce falls.

On the morning of May 18, 2013, an identified PSW was assisting Resident #1 with personal care in the bathroom while resident was standing and holding onto the sink. Resident #1 lost her balance and fell towards the right side, hitting the bathroom wall with her right side. The PSW caught Resident #1 half way preventing her from falling to the floor. Resident #1 complained of pain in the right hip and was transferred to hospital the same morning. The resident was diagnosed and treated for right femoral neck fracture.

Other PSWs reported during interview that the morning routine for personal care of Resident #1 is that the resident receives assistance for transfer from the toilet to the walker, and be sited on the walker to perform personal care. [s. 6. (1) (a)]

2. The plan of care for Resident #1 stated to ensure resident walks with one person assistance but when tired and unsteady, staff to determine or ask whether she needs to use the wheelchair; resident has declined physical functional mobility related to diagnoses.

PT and PSW reported during the interview that Resident #1 uses the walker only when she receives assistance with walking with the PT or PT assistants as part of the exercise and strengthening program and for transfer from the bed to the wheelchair.

Interview with both PT and PSW confirm that Resident #1 uses the wheelchair as the main mode of locomotion in the room and hallway. [s. 6. (1) (c)]

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 213. Director of
Nursing and Personal Care**

Specifically failed to comply with the following:

- s. 213. (4) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care after the coming into force of this section,**
- (a) has at least one year of experience working as a registered nurse in the long-term care sector; O. Reg. 79/10, s. 213 (4).**
 - (b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and O. Reg. 79/10, s. 213 (4).**
 - (c) has demonstrated leadership and communication skills. O. Reg. 79/10, s. 213 (4).**
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Findings/Faits saillants :

1. The licensee failed to ensure that the Director of Nursing and Personal Care has:
 - (a) at least one year of experience working as a registered nurse in the long-term care sector
 - (b) at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting.

Interviews with the Acting Director of Care and the Administrator, confirmed that at the end of March 2013 the Assistant Director of Care was offered and she assumed the role of Acting Director of Care until permanent fulfilling of the position, and she did not have at least one year of experience working as a registered nurse in the long-term care sector nor at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting. [s. 213. (4)]



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Issued on this 2nd day of August, 2013

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

Slawick