



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Sep 2, 5, 2018	2018_526645_0010	015978-18	Complaint

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

The Village of Humber Heights
2245 Lawrence Avenue West ETOBICOKE ON M9P 3W3

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

DEREGE GEDA (645)

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): July 23, 24, 25, 30, August 1, 2, 3, 9, 10, 2018.

The following complaints with Log# 015978-18 and Log# 009757-18, both related to plan of care and medication administration, were inspected.

During the course of the inspection, the inspector(s) spoke with the Acting General Manager (AGM), Director of Nursing (DON), Assistant Directors of Nursing (ADON), Resident Assessment Instrument (RAI) Coordinators, Neighborhood Care Coordinators (NC), Registered Dietitian (RD), Director of Food Service, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers, (PSWs), Laundry personnel, and Residents.

During the course of the inspection, the inspector(s) reviewed the health record for resident #001, reviewed policies and procedures for Respiratory Therapy, Laundry services, Communication and Response System, Complaints and Medication Administration Records (MAR).

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Dining Observation

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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>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. (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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



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

A complaint was received by the Ministry of Health and Long term Care (MOHLTC) on an identified date, regarding resident #001. The complainant stated that the resident's personal assistive device was not accessible to the resident on several occasions.

Record review of the progress note revealed that resident #001 was discharged from the home on an Identified date. As such, to increase the sample size, inspector made the following observations;

- Residents #002 and #003 were observed in bed on an identified date and their personal assistive devices was not accessible.
- Residents #004 and #005 were also observed in bed and their personal assistive devices were not accessible to both residents.

Record reviews of the plan of care for residents #002, #003, #004 and #005 directed staff members to leave the devices accessible to the residents.

Interviews with PSWs #102, #103 and #104 confirmed that the above mentioned residents' identified assistive devices were not accessible to them. PSW #102 and #104 reiterated that the personal assistive devices are expected to be within reach.

Interview with the DOC confirmed that the plan of care for residents #002, #003 and #004 directed staff members to leave the devices accessible. They reiterated that staff members are expected to provide care as specified in the plan of care, and confirmed that PSWs #102, #103, and #104 did not provide care as specified in the plan. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**Specifically failed to comply with the following:**

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

A complaint was received by the MOHLTC regarding resident #001. The complainant stated that resident #001 was receiving a specific medication treatment and the staff members at the home do not know how to manage and administer the treatment properly.

Record review of the training attendance list indicated that staff members are trained how to provide the treatment. Further review of the records indicated that the resident had been receiving the treatment up until an identified date. A review of the quarterly medication review indicated that the treatment has been discontinued on the identified date. The review of the physician's orders on that date, did not include an order to continue administering the treatment. A review of the home's policy on this specific treatment, confirmed that a physician's order is required at all time prior to administering.

Interviews with RN #107 and RPN #110 confirmed that the resident had been receiving the treatments up to the identified date and there was no physician order to administer the treatment.

Interviews with the NC and the DOC confirmed that resident #001 had been receiving the treatment without a physician's order. The DOC reiterated that the resident needed the therapy at all times due to their identified medical condition but required a physician's order for the treatments. [s. 131. (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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

Issued on this 7th day of September, 2018

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

Original report signed by the inspector.