



**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**

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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
Jun 17, 2013	2013_162109_0027	T-100-13	Complaint

Licensee/Titulaire de permis

DRS PAUL AND JOHN REKAI CENTRE
345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

WELLESLEY CENTRAL PLACE
160 WELLESLEY STREET EAST, TORONTO, ON, M4Y-1J2

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

SUSAN SQUIRES (109)

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): May 30, 2013, June 4, 6, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered staff members, personal support workers, residents, family members, Environmental Services Manager, Coordinator of Resident and Family Service

During the course of the inspection, the inspector(s) conducted walk through of the care units, reviewed the homes policies related to complaints management, reviewed manufacturer specifications for the communication system for the home, reviewed the home's complaints procedure.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

Reporting and Complaints

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

**WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order**

Legendé

**WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités**



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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. 17.

Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



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1. The licensee failed to ensure that the resident-staff communication and response system is properly calibrated so that the level of sound is audible to staff.

The licensee uses a "Maxicomm" nurse call communication system for the resident to staff communication and response. The master station box at the nurses station makes a sound that is audible on in the immediate vicinity of the nursing station. The sound from the master station box is not at an audible level in the corridors when activated.

The staff interview revealed that the home previously used a portable pager system which identified the point of activation of the resident-staff communication and response system. According to the staff the licensee stopped using the pager system and relied on the master station box located at the nursing stations. [s. 17. (1) (g)]

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 resident-staff communication and response system is properly calibrated so that the level of sound is audible to staff at all areas on the care unit, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



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Several email complaints regarding resident care and operation of the home were forwarded to the home and were not subsequently forwarded to the Director as required.

The concerns identified included the following:

- Lack of communication and safety for residents
- Mould
- Care issues of call bell response time
- Call bell accessibility
- Staff reductions resulting in missed or delayed care
- Missing clothing
- Inappropriate response from staff to a resident care request

[s. 22. (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 written complaints received by the licensee concerning the care of a resident or the operation of the home are immediately forwarded to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 21. Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. 2007, c. 8, s. 21.

Findings/Faits saillants :



1. The licensee failed to ensure that the written procedure for initiating complaints to the licensee and how to deal with complaints comply with the regulations.

The home's complaints policy does not include information related to immediately forwarding to the Director any written complaints concerning the care of a resident or the operation of the home.

The licensee's complaint policy does not indicate that the complaint shall be investigated and resolved and responded to within 10 business days and if it cannot be investigated and resolved within 10 days, an acknowledgement of receipt of the complaint is provided to complainant. [s. 21.]

WN #4: 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 :



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1. The licensee failed to ensure that a documented record is kept in the home that includes the required information as identified in the legislative reference.

The licensee has a "Client Service Response" Form which is the homes complaint documentation tool. The client service response form includes nature of the complaint, the date that it was received, the action that was taken to resolve the complaint, the final resolution, and the level of satisfaction of the complainant.

The home has not utilized this form to document numerous complaints received from family members. [s. 101. (2)]

Issued on this 17th day of June, 2013

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

A handwritten signature in black ink, appearing to be "J. Lee" or similar, written in a cursive style.