

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
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**

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

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 7, 2019	2019_654618_0031	018501-19	Other

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**Licensee/Titulaire de permis**

The Credit Valley Hospital and Trillium Health Centre  
150 Sherway Drive ETOBICOKE ON M9C 1A5

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

McCall Centre Long Term Care Interim Unit  
140 Sherway Drive ETOBICOKE ON M9C 1A4

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

CECILIA FULTON (618), NITAL SHETH (500)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): September 24, 25, 26, 2019.**

**This inspection is a Toronto Service Area office initiated inspection (TSAOII).**

**Inspector #763 shadowed during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Registered Staff (RN/RPN), Personal Support Workers (PSW) and Dietary Aide.**

**During the course of this inspection, the inspectors conducted resident observations, including dining observations and a medication administration observation. The inspectors conducted reviews of resident and home records including home policies and education records.**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation**

**Falls Prevention**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**

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

**2 WN(s)**

**1 VPC(s)**

**1 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>Légende</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 O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The Licensee has failed to ensure that residents who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #002 was identified for inspection related to skin and wound care management. Record review revealed that resident #002 had identified skin issues which met the criteria for weekly wound assessments and that they were being followed by the wound care nurse.

Review of resident #002's assessments and Treatment Administration Record (TAR) identified that the weekly wound assessment scheduled for an identified date in September 2019, had not been signed off and there was no documentation of the assessment being completed.

Interview with the wound care nurse, RPN #103, identified that residents exhibiting wounds are to receive a weekly wound assessment, using the Bates-Jensen - V 8 assessment tool, and that the weekly wound assessments are scheduled in the resident Treatment Administration Record (TAR) to be performed on Thursdays.

Resident #005 was identified as the only other resident in the home requiring weekly wound assessments. Record review identified that no weekly wound assessment had been completed for this resident for an identified date in September 2019, and the assessment was not scheduled in resident #005's TAR.

Interview with RPN #103, confirmed that the weekly wound assessments had not been completed for resident's #002 or #005 on an identified date in September 2019. RPN #103 stated that they had been assigned to different duties that day which prevented them from completing the wound assessments and it was their understanding that the unit RPN would be responsible to complete the assessment in their absence.

Interview and review of the medical records conducted with the ADOC confirmed the weekly wound assessments for resident #002, and #005 had not been completed on the identified date in September 2019. [s. 50. (2) (b) (iv)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**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. (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 residents #001 and #005 as specified in the plan.

Resident #001 was identified for inspection related to falls prevention and management. Review of the home's records identified that resident #001 had fallen in September 2019, resulting in identified injuries. This incident was reported to the Ministry of Long Term Care as a Critical Incident.

As a result of that fall, resident #001's plan of care was reviewed and revised and several falls prevention strategies were added, including:

- prompt response to resident call bell
- use call bell to ask for assistance.
- staff to make sure personal belongings the resident uses everyday are within reach, before leaving the room of the resident ask "is there anything else I can help you with? Do you need anything else you want me to put on your table" i.e. phone, drinks, towel, eyeglasses, dentures, reading materials etc.

During this inspection Inspectors #500 and #763 observed resident #001 in their room. The resident's call bell was observed to be out of reach of the resident.

In an interview RN #105 noted that all residents in the home need to have call bells accessible to them and in working order at all times. RN #105 also showed the inspectors a memo sent to all nursing staff on September 18, 2019, by DOC #106

regarding call bells, that provided a reminder to all staff that resident call bells:

- Must be within reach
- In good working order
- Answered in a prompt manner.

When interviewed, PSW #104 acknowledged that they had not placed the call bell close to the resident after providing morning care. PSW #104 acknowledged that they were aware of resident #001's recent fall and the requirement to leave resident's call bell within reach of the resident.

Resident #004 had incurred a fall from their bed in September 2019. Review of the post fall risk management report identified that one of the predisposing environmental factors was that personal items were out of reach.

In an interview, resident #004 stated that they were reaching for a personal item which was on the bedside table located behind them and to the right when they fell out of bed.

Review of resident #004's plan of care included a fall prevention intervention of ensuring personal items are within reach.

Interview with the ADOC confirmed that the staff are expected to follow the residents' care plan and that these instances identified that resident's #001 and #004's plan of care had not been followed. [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 care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.***

Issued on this 7th day of October, 2019

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

**Original report signed by the inspector.**



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

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

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** CECILIA FULTON (618), NITAL SHETH (500)

**Inspection No. /**

**No de l'inspection :** 2019\_654618\_0031

**Log No. /**

**No de registre :** 018501-19

**Type of Inspection /**

**Genre d'inspection:** Other

**Report Date(s) /**

**Date(s) du Rapport :** Oct 7, 2019

**Licensee /**

**Titulaire de permis :** The Credit Valley Hospital and Trillium Health Centre  
150 Sherway Drive, ETOBICOKE, ON, M9C-1A5

**LTC Home /**

**Foyer de SLD :** McCall Centre Long Term Care Interim Unit  
140 Sherway Drive, ETOBICOKE, ON, M9C-1A4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Lisa Romaniello

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To The Credit Valley Hospital and Trillium Health Centre, you are hereby required to  
comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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2007, c. 8

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foyers de soins de longue durée*, L.  
O. 2007, chap. 8

The licensee must be compliant with R. 50 (2) (b) (iv) of O. Reg. 79/10.

Specifically, the licensee must ensure that all residents requiring weekly wound assessments, receive the assessment, and that the assessments are documented and signed off indicating that they have been completed.

**Grounds / Motifs :**

1. The Licensee has failed to ensure that residents who exhibited altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #002 was identified for inspection related to skin and wound care management. Record review revealed that resident #002 had identified skin issues which met the criteria for weekly wound assessments and that they were being followed by the wound care nurse.

Review of resident #002's assessments and Treatment Administration Record (TAR) identified that the weekly wound assessment scheduled for an identified date in September 2019, had not been signed off and there was no documentation of the assessment being completed.

Interview with the wound care nurse, RPN #103, identified that residents exhibiting wounds are to receive a weekly wound assessment, using the Bates-Jensen - V 8 assessment tool, and that the weekly wound assessments are scheduled in the resident Treatment Administration Record (TAR) to be performed on Thursdays.

Resident #005 was identified as the only other resident in the home requiring weekly wound assessments. Record review identified that no weekly wound assessment had been completed for this resident for an identified date in September 2019, and the assessment was not scheduled in resident #005's TAR.

Interview with RPN #103, confirmed that the weekly wound assessments had not been completed for resident's #002 or #005 on an identified date in September 2019. RPN #103 stated that they had been assigned to different

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

duties that day which prevented them from completing the wound assessments and it was their understanding that the unit RPN would be responsible to complete the assessment in their absence.

Interview and review of the medical records conducted with the ADOC confirmed the weekly wound assessments for resident #002, and #005 had not been completed on the identified date in September 2019. [s. 50. (2) (b) (iv)]

The severity of this issue was determined to be a level 1 as there was no harm to the residents. The scope of the issue was a level 3 as it related to two of two residents reviewed. The home had a level 3 history of ongoing non-compliance with this subsection of the Act that included:

- Written notifications (WN) issued September 28, 2018, (2018\_420643\_0016) and November 24, 2017, (2017\_654605\_0017),
- Voluntary plan of correction (VPC) issued September 28, 2018 (2018\_420643\_0016) and November 24, 2017, (2017\_654605\_0017).

Additionally, the LTCH has a history of 1 other compliance order in the last 36 months.  
(618)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jan 17, 2020

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 7th day of October, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Cecilia Fulton

**Service Area Office /**

**Bureau régional de services :** Toronto Service Area Office