Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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 rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 22, 2022	2022_938758_0008	025154-20, 012178-21, 013573-21, 014850-21, 016490-21	Complaint

Licensee/Titulaire de permis

Baycrest Hospital
3560 Bathurst Street Toronto ON M6A 2E1

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

The Jewish Home for the Aged
3560 Bathurst Street North York ON M6A 2E1

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

NOREEN FREDERICK (704758), IVY LAM (646)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 15, 16, 17, 18, 21, 22, 23, 24, 25, 29, 30, 31, 2022 and April 1, 2022.

The following complaint intakes were completed during this complaint inspection:
Log #025154-20 related to Prevention of Abuse and Neglect,
Log #012178-21 related to Bathing, Menu Planning, and Staffing and Care Standards,
Log #013573-21 related to Duty to Protect,
Log #014850-21 related to Dietary Services and Hydration, Plan of Care and Oral Care, and
Log #016490-21 related to Falls Prevention and Management, Recreational and Social Activities, and Staffing and Care Standards.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Unit Directors, Director of Recreation, Registered Dietitian (RD), Registered Nurses (RNs) Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

During the course of the inspection, the inspectors observed staff to resident interactions, reviewed residents' clinical records, staffing schedules, and pertinent policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

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

- **3 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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	Légende 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other in the assessment, development and implementation of resident #007's plan of care for bowel management, so that the different aspects of care were integrated and were consistent with and complement each other.

The home's policy indicated PSWs were to report changes to residents' bowel patterns to the registered staff for any resident who is day three without bowel movement. The registered staff were to monitor each resident's bowel function and monitor bowel interventions and effectiveness.

No bowel movements were documented for the resident for several days. Resident had interventions for their constipation however, there was no record that they received these interventions. Additionally, there was no documentation regarding communication of resident #007's constipation or of additional treatment for their constipation.

Registered staff asked PSWs to monitor if the resident did not have bowel movements for two days, and registered staff would provide interventions. PSW #144 could not recall if there were discussions regarding resident #007's constipation. The Registered staff could not recall if there were discussion or interventions provided for the resident.

The Registered Dietitian (RD) indicated that additional dietary interventions could be provided for a resident's constipation. The RD indicated they were not aware of resident #007's constipation.

Unit Manager #118 indicated that staff should have collaborated to monitor and identify when the resident had constipation, to provide PRN medications or other interventions to address the constipation, and this was not done for resident #007.

Sources: Apotex Continence Care and Bowel Management Policy – Revised January 2020; Resident #007's Look Back Report for Bowel Movement; Resident #007's electronic Medication Administration Records (eMAR); Resident #007's progress notes; Interviews with PSWs #144, RPNs #109, #110, and #115, Registered Dietitian (RD) #135, Unit Manager #118. [s. 6. (4)]

2. The licensee has failed to ensure that the provision of the bathing care set out in the plan of care for resident #008 was documented.

Resident #008 was to receive bathing care twice a week. The resident preferred showers, and there were times in the past several months when they were not provided with showers twice a week.

There was no documentation that the resident received any bathing care on several days. Staff reported resident #008 may not have been showered twice weekly and care or refusals should be documented.

The Unit Manager indicated PSWs should document whether showers or an alternative was provided, and report to the registered staff when bathing care was refused.

Sources: resident #008's current care plan, Support Action List; Documentation Survey Report v2, progress notes; Observations of resident care routines; Interviews with resident #008, PSW #145, Unit Manager #118, and other staff. [s. 6. (9) 1.]

3. The licensee has failed to ensure that resident #006's plan of care was reviewed and revised when the resident's oral care needs changed.

Resident #006's care plan indicated the resident was able to brush their teeth and use mouthwash on their own. The resident's assessments showed the resident was totally dependent on staff for personal hygiene.

Observations of resident #006's morning care routine and interviews with a PSW and an RPN indicated the resident had not been able to brush their teeth and had required total care for oral hygiene over the past year.

There was a risk that resident #006 may not receive the oral hygiene care they need when their care plan was not updated to reflect their current needs.

Sources: resident #006's current care plan and Kardex, Minimum Data Set (MDS) assessments; observations of resident's oral hygiene care; interviews with PSW #145, RPN #139, Unit Manager #138 and other staff. [s. 6. (10) (b)]

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 staff and others involved in the different aspects of care of the resident collaborate with each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

The licensee has failed to ensure all doors leading to non-residential areas were supervised on an identified date.

Resident #002 was missing from their unit on an identified date. The resident was found by the security outside of the building during a scheduled power outage for the building upgrade, the resident managed to walk down the stairwell and exited the building.

Manger of Security #125 and Unit Director #132 stated that the stairwells were not monitored on that day, when there was a power outage and resident #002 exited the building.

Due to the failure to supervise stairwells, resident #002 exited the building and was at risk of elopement and injury.

Sources: resident #002's progress notes, home's General Event Management report, interviews with Manager of Security #125, Unit Director #132 and other staff. [s. 9. (1) 2.]

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 doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #006 received oral care to maintain the integrity of the oral tissue that included mouth care in the morning and evening.

Resident #006's oral care include tooth brushing and mouth wash.

Observations of resident #006's washroom showed the resident did not have any mouthwash. PSW #147 had neither brushed resident's #006's teeth, nor provided mouth wash for the resident. The PSW had worked with the resident on one other evening and indicated they had not provided the resident with oral care on that evening.

PSW #145 indicated the resident required total assistance for brushing their teeth, and rinsed with regular water. Observation showed resident #006 accepted total care from staff and was able to rinse when provided water in a cup. The PSW indicated there was no antiseptic mouthwash for the resident, and they had used dry mouth oral rinse as the resident's mouth wash.

There was a risk to the integrity of the resident's oral tissue when the resident did not receive their planned oral care in the morning and evening.

Sources: resident #006's current care plan; observations of resident #006's oral hygiene care supplies, observation of resident's oral hygiene care provision; Interviews with PSWs #145 and #147, RPNs #139 and #148, Unit Manager #138, and other staff. [s. 34. (1) (a)]

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 each resident of the home receives oral care to maintain the integrity of the oral tissue that includes mouth care in the morning and evening, including the cleaning of dentures, to be implemented voluntarily.

Issued on this 26th day of April, 2022

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

Original report signed by the inspector.