



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

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Direction de l'amélioration de la  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 8, 2014	2014_235507_0004	T-20-14	Resident Quality Inspection

**Licensee/Titulaire de permis**

SLOVENIAN LINDEN FOUNDATION  
52 NEILSON DRIVE, ETOBICOKE, ON, M9C-1V7

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

DOM LIPA  
52 NEILSON DRIVE, ETOBICOKE, ON, M9C-1V7

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

STELLA NG (507), JOELLE TAILLEFER (211), SUSAN SEMEREDY (501)

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



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): February 26, 27, 28, March 4, 5, 6, 7, and 10, 2014.**

**During the course of the inspection, the inspector(s) spoke with administrator, director of care (DOC), registered nursing staff, personal support workers (PSWs), resident care coordinator (RCC), Resident Assessment Instrument (RAI) coordinator, director of support services (DSS), activation coordinator, facility coordinator, maintenance worker, residents, substitution decision makers.**

**During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, completed record reviews for identified residents and staff, observed dining and snack service, observed provision of care, observed medication administration, reviewed resident health records, reviewed the licensee's policies, staff training records, staff personal files, Residents' Council meeting minutes.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**



**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. (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).**

**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. (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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the residents.

On three identified dates, resident #272's both quarter side rails was observed elevated, and the resident was not in the bed. On an identified date, resident #272 was observed getting in and out of bed independently without any assistive device. Record review revealed that resident #272's plan of care includes a specific transfer device, but did not include the use of side rails.

Staff interview indicated resident #272 uses the side rail to get in and out of bed. Resident interview confirmed that he/she never uses the side rail or any other transfer device to get in or out of bed, transition or reposition. [s. 6. (1) (c)]



2. Clinical record review indicated in the plan of care under one section that resident #249 needs to be repositioned hourly, and in another section indicated the resident to be repositioned every two hours. Staff interview confirmed that the frequency of repositioning for resident #249 was not clearly indicated. [s. 6. (1) (c)]

3. The licensee failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident and in the development and implementation of the plan of care, so that different aspects of care are integrated and are consistent with and complement each other.

Clinical record review and staff interviews indicated that resident #233 is continent of bowel. Interview with an identified staff indicated that resident #233 is incontinent of bowel approximately every two days. Interview with an identified staff confirmed that the bowel incontinence was not communicated among the team and this was not reflected in the resident's plan of care.

Interview with an identified staff indicated resident #235 complained of pain on an identified date. Interview with two identified staff the following day indicated that they were not informed about the resident's pain. Clinical record review and staff interview confirmed the resident's plan of care did not indicate that resident was having pain. [s. 6. (4)]

4. On an identified date, the inspector observed resident #249 in bed with both quarter side rails elevated.

Record review revealed that the use of bed side rails is not included in resident #249's plan of care.

Interview with an identified staff confirmed that two quarter side rails and hi-low bed are required for resident #249's safety. Interview with an identified staff revealed that when the bed is in the low position, side rails are not required to be elevated for resident #249, but when the bed is not in the low position, one side rail is required to be elevated.

On two identified dates, resident #227 was observed in bed with both quarter side rails elevated.

Record review revealed that the use of side rails is not included in resident #227's plan of care.

Interview with an identified staff confirmed that resident #227 cannot hold on to side



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rails due to his/her deteriorated health condition and both side rails are used for resident's safety when in bed. Interview with an identified staff confirmed that one side rail is used when the resident is in bed because he/she likes to hold on to the side rail. [s. 6. (4) (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 written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident, the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident and in the development and implementation of the plan of care, so that different aspects of care are integrated and are consistent with and complement each other, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

Interview with resident #272 revealed that even though there are housekeepers cleaning seven days a week, there is a lot of dust. Observation of resident #272's room revealed that belongings on his/her dresser had not been removed to eliminate dust behind them. Staff interviews confirmed that this should be completed on a regular basis.

The inspector observed that chair scales in shower rooms on first and second floor of the west wing were dirty. Staff interviews confirmed that nursing staff should be cleaning these chairs but that was not communicated to the nursing staff. [s. 15. (2) (a)]

2. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

On an identified date, it was observed that the cord for the call bell system in an identified resident room was broken, the small light above call bell in an identified resident room was not working and a towel bar was loose and not properly fixed to the wall in an identified resident room. Staff interviews confirmed that these furnishings and equipment were in disrepair. The towel bar and cord for the call bell were observed fixed seven days later.

On an identified date, it was observed that the walls in an identified resident room and in the first floor west wing TV lounge were scratched and paint was chipped from the wall. Staff interview confirmed that there are many areas in need of repair and paint. The homes' plan for 2014 maintenance projects which includes providing wall coverings, replacing corner/door guard, repairing floors and painting has begun. A copy of this plan was provided. [s. 15. (2) (c)]





***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 home, furnishings and equipment are kept clean and sanitary, and are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #3: 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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the resident-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times.

On an identified date, it was observed that the cord for the call bell system in an identified resident room was broken and the small light above the call bell in an identified resident room was not working. Staff interviews confirmed that these were in disrepair and the cord for the call bell was observed fixed seven days later. [s. 17. (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 resident-staff communication and response system be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.***

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**WN #4: 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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that resident #249 exhibiting altered skin integrity, including skin breakdown, pressure ulcers and wounds, is assessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Clinical record review and staff interview confirmed that resident #249 exhibiting skin breakdown has not been reassessed by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment for two consecutive weeks. [s. 50. (2) (b) (iv)]



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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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers and skin tears or wounds, is assessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 87.**

**Housekeeping**

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

- s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**
- (a) cleaning of the home, including,**
    - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**
    - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that procedures are developed and implemented for cleaning of the home.

Staff interviews confirmed that housekeeping policies and procedures are not available and are in the process of being re-developed and updated. [s. 87. (2) (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 procedures are developed and implemented for cleaning of the home, to be implemented voluntarily.***



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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**

**(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,**

**(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that as part of the organized program of maintenance services, there are schedules and procedures in place for routine, preventative and remedial maintenance.

Staff interviews confirmed that a preventative maintenance program is not fully developed and not currently in place. [s. 90. (1) (b)]

2. The licensee failed to ensure that procedures are developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained.

On an identified date, the inspector observed that a towel bar was loose and not properly fixed to the wall in an identified resident room. Staff interviews confirmed that this was in disrepair and was observed fixed seven days later. The licensee confirmed that maintenance policies and procedures are not developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained. [s. 90. (2) (d)]



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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 as part of the organized program of maintenance services, there are schedules and procedures in place for routine, preventative and remedial maintenance, and that procedures are developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained, to be implemented voluntarily.***

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**WN #7: 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:**

**2. Skin and wound care. O. Reg. 79/10, s. 221 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that all staff who provide direct care to residents received, as a condition of continuing to have contact with residents, training on skin and wound care.

Staff education record review revealed and staff interviews confirmed that not all staff who provide direct care to residents received skin and wound care training in 2013. [s. 221. (1) 2.]



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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 staff who provide direct care to residents receive training on skin and wound care, to be implemented voluntarily.***

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Record review revealed that repositioning every two hours was included in resident #249's plan of care. Record review and staff interviews confirmed that the repositioning every two hours for the resident was not documented consistently. [s. 30. (2)] [s. 30. (2)]



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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

1. The licensee failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use.

On an identified date, the medication cart was observed unlocked and unattended in the service elevator room while the registered staff was feeding a resident in the dining room. Registered staff confirmed that he/she forgot to lock the medication cart. [s. 130. 1.]

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Issued on this 9th day of April, 2014

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

STELLA NG