



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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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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
Nov 26, 2013	2013_102116_0061	T-544-13	Other

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

SARAN DANIEL-DODD (116)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 19, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Activations Coordinator, Registered staff, Dietary staff, Personal Support Workers and Residents.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed the lunch meal service, resident and staff interactions and conducted interviews.

The following Inspection Protocols were used during this inspection:

Dining Observation



Residents' Council

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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. 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 maintained in a safe condition and in a good state of repair.

During the walk through of resident care areas the inspector observed the following:

- Tub and shower room doors in identified areas were observed to have scratches and paint chips to the doors and frames.
- Several resident rooms were observed to have paint chips on the door.
- A privacy curtain in an identified shower room was observed to be soiled.
- Gashes were observed within the drywall upon entrance to an identified tub room and a hole in the wall behind back of door in an identified shower room [s. 15. (2) (c)].
- Cracks were observed in the floor tiles that extended through eight tiles located on an identified unit.
- Access door to the service elevator was observed to have several large chipped areas of paint [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 are kept clean and sanitary and maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.

Findings/Faits saillants :

1. The licensee failed to consult regularly with the Resident's Council, and in any case, at least every three months.

- The licensee has not consulted with the Resident's Council at least every three months as confirmed by both the Administrator and Activations coordinator [s. 67.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :



1. The licensee failed to to seek out the advice of the Resident's Council in developing and carrying out the satisfaction survey, and in acting on its results.

- The licensee has not involved the Resident's council in developing and carrying out the satisfaction survey as confirmed by both the homes Administrator and Activation Coordinator [s. 85. (3)].

2. - As confirmed by the Administrator and Activations Coordinator the results of the satisfaction survey were not made available to the Resident Council [s. 85. (4) (a)]

Issued on this 26th day of November, 2013

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

S. Daniel-Dodd