Ontario

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

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

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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 5, 2017	2017_378116_0013	020998-17, 021140-17	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

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

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 a Complaint inspection.

This inspection was conducted on the following date(s): September 8, 11, 12, 13, 14, 2017.

During the course of the inspection, the inspector observed home areas, staff to resident interactions, reviewed resident health record, staff training records, homes internal investigation notes, complaints binder (2016-2017) and applicable policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Nursing Services (DONS), Director of Resident Care (DORC), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), life enrichment staff, housekeeper and a substitute decision maker (SDM) of resident #001.

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

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

- **1 WN(s)**
- **1 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	Legendé 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. (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 is provided to the resident as specified in the plan.

On an identified date, the home submitted a critical incident system (CIS) notification to the Director reporting staff to resident abuse.

The CIS read as follows: an identified individual reported that resident #001 had stated to the identified individual that a disclosed number of staff members forced the resident to accept care and acted inappropriately toward the resident.

The identified individual demanded to have resident #001 seen by a physician immediately. RPN #106 offered to call ambulance to have resident taken to hospital for assessment as per the identified individuals wishes.

Review of the homes internal investigation notes and interviews held with relevant staff members and management of the home indicated that the assertions of staff to resident abuse were unfounded.

Review of the progress notes for an identified date, document that the physician assessed resident #001 and ordered a requisition for collection of an identified specimen for a specified test. A review of the physician's order indicated that the order was signed off and confirmed by two registered staff members on two separate dates.

Review of the resident's health record and progress notes do not document steps taken to collect the identified specimen and whether or not a specimen had been obtained.

Interviews held with PSW staff member #105 indicated that he/she attempted to collect the identified specimen but wasn't successful. PSW staff #105 indicated that he/she does not recall whether this was reported to registered staff.

Interviews held with PSW #105, registered staff member #'s 106, 107 and the DOC acknowledged that a reasonable time frame for collection of the identified specimen has not been established however, PSW's and registered staff member(s) of the home should have notified the physician promptly when efforts to collect the identified specimen were unsuccessful to avoid delay in providing care to resident #001.

Further interview with registered staff, the ADOC and DOC confirmed that the care set out in the plan of care in relation to an identified test was not provided to resident #001 as specified in the plan. [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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

Issued on this 16th day of October, 2017

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

Original report signed by the inspector.