



**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 rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 18, 2018	2018_633577_0001	029146-17	Resident Quality Inspection

Licensee/Titulaire de permis

The Re kai Centres
345 SHERBOURNE STREET TORONTO ON M5A 2S3

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

Sherbourne Place
345 SHERBOURNE STREET TORONTO ON M5A 2S3

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

DEBBIE WARPULA (577), MICHELLE BERARDI (679)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 8-12, 2018.

Log regarding follow up to Compliance Order #001 related to LTCHA, 2007 S.O. 2007, c.8, s. 6. (4), from Inspection #2017_635600_0005, was also inspected during this Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Nursing Services (DNS), Director of Resident Care (DRC), Director of Environmental Services (DES), Resident Assessment Instrument (RAI) Coordinator, Director of Residents Programs, Life Enrichment Aide (LE), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Housekeeping Aide, Personal Support Workers (PSWs), residents and family members.

During the course of the inspection, the inspectors conducted observations in the home and residents' areas, observation of care delivery processes including a medication pass, a review of home's policies and procedures, Family and Residents' Council meeting minutes and residents' health records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours**

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

**4 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #001	2017_635600_0005		577

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. (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 has failed to ensure that the resident was reassessed and the plan of care was reviewed and revised at least every six months and at any other time when the care set out in the plan had not been effective.

Resident #006 was identified by two other residents in the home to have specific responsive behaviours.

Inspector #577 reviewed resident #006's most current care plan which identified interventions specifically related to their specific responsive behaviour.

A record review of resident #006's medication orders indicated that the resident was no longer prescribed a certain medication and had recently begun a new oral medication.

During a staff interview with RPN #112, they confirmed that the resident was currently prescribed a new oral medication and the previous medication was discontinued. They further reported that it was the responsibility of registered staff on the unit to update care plans.

During a staff interview with Resident Assessment Instrument (RAI) Coordinator #113 they reported that the registered staff on the unit were responsible for updating resident care plans on a daily basis.

Inspector #577 reviewed the home's policy titled "Care plans -C-15" last revised August 9, 2017, which indicated that it was the responsibility of the registered staff to ensure that care plans reflected each resident's current condition, strengths, abilities, risks, likes and dislikes and that staff assigned to those residents were aware of the specific intervention needed to meet resident's individual needs. It was the responsibility of all shifts and disciplines to document new needs or changes in status of care plans as those needs arose.

During an interview with the Director of Nursing Services (DNS), the Inspector reviewed the current care plan interventions. The DNS confirmed that resident #006 was no longer prescribed a certain medication and had recently been started on a new medication. They further confirmed that they had at one time tried certain interventions for their specific responsive behaviour; however, this was not effective and it was discontinued. The DNS acknowledged that resident #006's plan of care had not been revised to reflect these changes. [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 resident is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the care set out in the plan has not been effective, to be implemented voluntarily.

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).**

Findings/Faits saillants :



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

On January 9, 2018, Inspector #577 observed resident #005's assistive device to be soiled with dried food spillage on multiple surfaces.

On January 11, 2018, Inspector #577 observed the same food stains on resident #005's assistive device, with additional debris and stains.

Resident #005's assistive device was scheduled to be cleaned on Fridays and a review of the point click care audit report revealed that resident #005's assistive device was last cleaned on January 5, 2018.

During an interview with Inspector #577 on January 11, 2018, PSW #114 viewed resident #005's assistive device and acknowledged that it was soiled on multiple surfaces. They stated that residents' assistive devices were to be cleaned on the night shift as per the residents bath schedule. They confirmed as per kardex, that resident #005's assistive device was scheduled for cleaning every Friday and that all staff were responsible to clean their equipment as needed (prn).

Inspector #577 reviewed the home's policy titled "Equipment cleaning/repairs - RCSM M-30" last revised August 10, 2017, which indicated that it was the responsibility of the Personal Support Workers/Health Care Aides on the night shift to clean all wheelchairs, geri-chairs, walkers, footwear, urinals and commodes weekly as per the Cleaning Schedule. The night shift charge nurse was required to check all cleaned equipment and all spills were to be wiped off immediately by the staff member who observed it.

During an interview with the Director of Resident Care (DRC) and Director of Nursing Services (DNS) they reported to Inspector #577 that it was the responsibility of night shift staff to clean residents' assistive devices the night before the residents' bath day. They further reported that this task was assigned in point click care. Additionally, all staff were responsible for cleaning residents' equipment as needed. [s. 15. (2) (a)]



WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

During the initial tour of the home, Inspector #679 observed that the door to the housekeeping closet on the third floor was unlatched, allowing the door to be pushed open. Inside the housekeeping closet Inspector #679 observed one, four liter bottle of Accel Concentrate solution.

Inspector #679 reviewed the Material Safety Data Sheet (MSDS) for the Accel Concentrate which indicated that the substance was moderately irritating to eyes, and may be harmful if swallowed. Further, the MSDS sheet indicated that personal protective equipment should be used when using the solution.

During an interview with housekeeping staff #107, they identified that the housekeeping door was to remain locked.

During an interview with the Director of Environmental Services (DES) they identified that the housekeeping doors were to remain locked. The DES identified that the door had since been fixed to ensure that it latched properly. [s. 91.]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).

(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a quarterly review was undertaken of all the medication incidents and adverse drug reactions that occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions, that any changes and improvements identified in the review were implemented and that a written record was kept of everything provided for in clause (a) and (b).

Inspector #679 requested documentation to identify that the home had conducted a quarterly review of the medications in the home.

The Director of Resident Care (DRC) provided Inspector #679 with a document which outlined the number of medication errors for the quarter, along with a summary statement encouraging staff to submit medication incident reports. The document did not outline any further information regarding the medication errors or adverse drug reactions that had occurred in the home since the time of the last review.

During an interview with the DRC and DNS, they identified that the document provided to the Inspector by the DOC was the document that was currently used to review medication errors. [s. 135. (3)]



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Issued on this 18th day of January, 2018

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

Original report signed by the inspector.