



**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**

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

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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
Dec 12, 2017	2017_654605_0021	027044-17	Resident Quality Inspection

Licensee/Titulaire de permis

ELM GROVE LIVING CENTRE INC
35 ELM GROVE AVENUE TORONTO ON M6K 2J2

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

ELM GROVE LIVING CENTRE INC.
35 ELM GROVE AVENUE TORONTO ON M6K 2J2

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

SARAH KENNEDY (605), JANET GROUX (606)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 29, 30 and December 1, 2017.

During the course of the inspection, the inspectors toured the home, observed resident care, observed staff to resident interaction, observed a resident medication administration, observed infection control practices, interviewed the Residents' Council President, reviewed resident health records, meeting minutes, schedules, and relevant policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Programs Director, registered nursing staff, Personal Support Workers (PSWs), President of the Residents' Council, residents and family members.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Residents' Council

Safe and Secure Home

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

<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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for residents.

An observation during the initial tour of the home on November 29, 2017, revealed a code is not required to exit resident units on the first floor, second floor, and in the basement, when using the doors leading to the west stairwell. A key pad is available on each unit; however, the door can be opened and unlocked by pushing a black button (located above the key pad) and the door handle at the same time.

Throughout the course of the inspection, both staff and residents were observed exiting the units without punching in a code, but by pressing the black button and door handle at the same time. The residents leaving the units were cognitive and independent.

Interviews with Personal Support Worker (PSW) #101, housekeeper #110 and Registered Practical Nurse (RPN) #107 confirmed a code is not required to unlock the doors on the west side of the home leading to the stairwells, on the identified floors.

An interview with the Administrator confirmed a code is available, but not required to unlock the identified doors. The units are not kept safe and secure as any resident could inadvertently open the door leading to the stairwell by pressing the black button and door at the same time. [s. 5.]

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 is a safe and secure environment for residents, to be implemented voluntarily.



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Issued on this 13th day of December, 2017

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

Original report signed by the inspector.