



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 28, 2013	2013_241502_0004	T-586-13	Complaint

Licensee/Titulaire de permis

FAIRVIEW NURSING HOME LIMITED
14 CROSS STREET, TORONTO, ON, M6J-1S8

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

FAIRVIEW NURSING HOME
14 CROSS STREET, TORONTO, ON, M6J-1S8

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

JULIENNE NGONLOGA (502)

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): November 20 and 22, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing, Associate Director of Nursing, Registered Nurse, Registered Practical Nurse, Personal Support Worker, housekeeping staff.

During the course of the inspection, the inspector(s) reviewed of resident's health record, training records, pest control program, related policies and procedures.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and the corresponding written notification under section 152.

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 :



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1. The licensee has failed to ensure that the care set out in the plan of care is provided to Resident #1 as specified in the plan.

Staff interviews and records review confirm that Resident #1's plan of care requires resident to receive oxygen continuously.

Staff and family interviews reveal that on an identified date, Resident #1 was not receiving oxygen when he/she showed signs of respiratory distress. Oxygen was then applied and the resident recovered [s. 6. (7)]

2. Staff interviews confirm that registered staff on duty on an identified date, was not aware of the Resident #1's plan of care requirements of continuous oxygen administration. Registered staff indicated that he/she believed Resident #1 receives oxygen when needed or when the oxygen saturation is below 89% [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 residents as specified in the plan, to be implemented voluntarily.

WN #2: 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. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).

Findings/Faits saillants :



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1. The licensee failed to ensure that direct care staff are provided with training in falls prevention and management annually.

Records review and staff interviews confirm that not all staff who provide direct care to residents received training in falls prevention and management in 2012 and in 2013.

Home records and staff interviews confirm the following:

-53 % of direct care staff received training in falls prevention and management in 2012

-60 % of direct care staff received training in falls prevention and management in 2013

[s. 221. (2) 1.]

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 falls prevention and management training annually, to be implemented voluntarily.

Issued on this 17th day of December, 2013

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

A handwritten signature in black ink that reads "J. Nlogor".