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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 31, 2015	2015_338147_0001	T-000035-14	Resident Quality Inspection

Licensee/Titulaire de permis

HAROLD AND GRACE BAKER CENTRE
1 NORTHWESTERN AVENUE TORONTO ON M6M 2J7

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

HAROLD AND GRACE BAKER CENTRE
1 NORTHWESTERN AVENUE TORONTO ON M6M 2J7

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

LALEH NEWELL (147), LAURA BROWN-HUESKEN (503), YVONNE WALTON (169)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 5, 6, 7, 8, 9, 12, 13, 14, 15 and 16, 2015

T-000472-13
T-000752-13
T-000785-14

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Acting Assistant Director of Care, RAI/MDS Coordinator, Food Service Manager, Social Worker, Environmental Services Manager, Office Manager, Nurse Manager, Resident and Family Council Presidents, Registered Staff, Personal Support Workers, Housekeeping staff and Residents.

The Inspectors also toured the home, observed the provision of care and services, and reviewed documents including but not limited to: clinical health records, policies and procedures, menus and meeting minutes.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing
Trust Accounts

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

- **11 WN(s)**
- **6 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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident was treated with courtesy and respect and in a way that fully recognized the residents individuality and respected their dignity.

Resident #310 was provided a bath by a personal support worker (PSW) and did not assist the resident with the application of personal hygiene products. The resident requested the products to be applied, however the resident was given the product to apply by themselves. When the bottle product was dropped by the resident, the PSW did not pick it up and give it to the resident. As a result, the resident requested the PSW not provide care again. The resident did not feel dignified in receiving care according to their individuality. Documentation in the home's investigative notes and interview with the Director of Care confirmed the resident's rights were not maintained. [s. 3. (1) 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 every resident was treated with courtesy and respect and in a way that fully recognized the residents individuality and respected their dignity, to be implemented voluntarily.

WN #2: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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 shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

The plan of care for Resident #111 directs staff to provide the resident with set up assistance. An interview with the Nurse Manager and review of clinical documentation revealed that the resident's assistance needs at meals varied and that the resident frequently required extensive to total feeding assistance. The Nurse Manager confirmed that care set out in the plan of care was not based on the needs of the resident. [s. 6. (2)]

2. The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A. The most current plan of care directed staff to direct/take resident #374 to the washroom every two hours and to offer toileting within an hour prior to each meal and within thirty minutes after meals. Interview with the resident and the family member identified the resident did not receive the toileting care according to the plan of care on a specified date in January 2015. The resident was toileted immediately after breakfast at 0930 hours then again at 1400 hours, four and a half hours later. Observation and interviews with the resident and the nursing staff confirmed the resident was not toileted according to the plan of care. (169)

B. The plan of care for resident #201, including the written plan of care and dietary notes in the servery, directs staff to provide the resident with soup in a nosey cup. During a lunch observation on January 14, 2014, the resident was provided soup in a bowl and the resident was provided total feeding assistance to consume the soup using a spoon. Interview with a Nurse Manager confirmed that the resident should have been provided the soup in a nosey cup as specified in the resident's plan of care. (503) [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 based on an assessment of the resident and the needs and preferences of that resident and that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's Isolation Techniques standard was complied with.

The home's Isolation Techniques standard, FSO-D.90 –Sept.2011, directs staff to deliver trays to residents in an isolation room within five minutes of the food being plated. During a lunch observation on January 5, 2014, the dietary aide was observed to prepare trays for residents on isolation and for residents requesting tray service. Two of these trays were delivered 27 minutes after the food was plated. An interview with the Director of Food Services confirmed that the standard was not complied with. [s. 8. (1) (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 Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

WN #4: 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 are kept clean and sanitary.

The floors and walls throughout the entire home were observed to be soiled. Observations were completed January 7, 12 and 13, 2015 throughout all home areas, SPA's, lounges, dining areas and resident rooms including ensuite washrooms.
-Flooring was observed to be soiled with heavy build up of debris in corners, under cabinets, behind doors and at transition positions. Carpeting throughout the home was observed to be stained and in need of vacuuming.
-Walls were observed to have food splatter on them in the dining areas which remained over several days. Windows were noted to be soiled throughout the resident rooms.
-Baseboards throughout resident rooms and common areas were observed to be

unclean.
-Closet doors were observed to be soiled with heavy debris build up in the tracks resulting in difficult opening and closing.

Furnishings throughout the entire home were observed to be soiled and stained. Observations were completed January 7, 12 and 13, 2015 throughout all home areas, lounges, dining areas and resident rooms. The furnishings which included easy chairs, couches, over-bed tables and dining tables had stains and food splatter on them. Over-bed tables and wall cabinets and cupboards including counter tops in the dining areas and lounges were observed to have food splatter on them and the table tops were evident of food debris and fluid spills.

Equipment throughout the home were observed to be soiled and stained. Observations were completed January 7, 12 and 13, 2015 throughout all home areas, lounges, dining areas and resident rooms. Equipment included garbage cans throughout the home, handrails in the hallways, toilet seats in the ensuite washrooms, raised toilet seats, commode chairs, shower chairs, resident wheelchairs, broda chairs and mobility aides such as walkers and canes.

Observations were confirmed with the administrator, unit manager and environmental services manager. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. Observations were made January 7, 12 and 13, 2015 throughout the home areas including resident rooms, ensuite washrooms, lounges, hallways, dining areas and all common spaces.

Wall damage was noted in some resident rooms and included a four inch by three inch hole in the drywall in room 115. Flooring throughout the home was observed to be in poor repair with broken flooring in some areas. Baseboards throughout the home were observed to be missing or falling off the wall. Also, the baseboards were pushed into the wall creating gaps with the flooring. All closets in the resident rooms were observed to be in a poor state of repair. The doors and sliding tracks were very rusty and difficult to open and close.

Equipment was noted to be in a poor state of repair. Mobility equipment including wheelchairs, broda chairs and walkers were observed with tears in the arms and the vinyl was missing. The neoprene handles on a commode chair were observed to be torn and

missing. This also creates an infection control concern. Several shower chairs and commodes were noted to be in poor condition with the mesh on the back areas to be very worn. Hand rails in the hallways were observed in A wing to have areas that were chipped and worn and not smooth and support frames applied to toilets to assist residents with toileting were observed to be extremely loose creating a safety risk for residents.

Observations were confirmed with the unit manager, mobility vendor and the environmental services manager. [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 and equipment are kept clean and sanitary and that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:
1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
3. The use of the PASD has been approved by,
i. a physician,
ii. a registered nurse,
iii. a registered practical nurse,
iv. a member of the College of Occupational Therapists of Ontario,
v. a member of the College of Physiotherapists of Ontario, or
vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).
4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).
5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).

Findings/Faits saillants :

1. Not all of the following were satisfied prior to including the use of a PASD to assist in routine activities of daily living: alternatives to the use of the PASD considered, the use of the PASD was reasonable given the resident's condition, consent had been obtained and the device was approved.

A. Resident #108 used two quarter rails when in bed as a PASD to assist with bed mobility. The health records did not include an assessment identifying other alternatives were tried prior to the use of the bed rails. Interview with the Nurse Manager confirmed an assessment was not completed prior to the application of the PASD. The record did not include the approval of the PASD by an appropriate person as defined in the legislation nor was consent documented as being obtained from the resident for the use. (503)

B. Resident #103 used two quarter rails when in bed as a PASD to assist with bed mobility. The health records did not include an assessment identifying other alternatives were tried prior to the use of the bed rails. Interview with the Nurse Manager confirmed an assessment was not completed prior to the application of the PASD. The record did not include the approval of the PASD by an appropriate person as defined in the legislation nor was consent documented as being obtained from the resident for the use. (147) [s. 33. (4)]

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 of the following were satisfied prior to including the use of a PASD to assist in routine activities of daily living: alternatives to the use of the PASD considered, the use of the PASD was reasonable given the resident's condition, consent had been obtained and the device was approved, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 77. Food service workers, minimums

Specifically failed to comply with the following:

s. 77. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,
(a) the preparation of resident meals and snacks; O. Reg. 79/10, s. 77 (1).
(b) the distribution and service of resident meals; O. Reg. 79/10, s. 77 (1).
(c) the receiving, storing and managing of the inventory of resident food and food service supplies; and O. Reg. 79/10, s. 77 (1).
(d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service. O. Reg. 79/10, s. 77 (1).

Findings/Faits saillants :

1. The licensee did not ensure that there were sufficient food service workers for the home to meet the Minimum staffing hours as calculated under subsection (2) with reference to Regulation 77(3)(a)(b).

When taking into consideration the hours in a week, devoted to producing meals and other food and beverages for non-residents of the long term care home, the Director has identified the licensee is not in compliance with the minimum number of hours required for food service workers. The Ministry of Health and Long-Term Care Financial Policy "LTCH Level-of-Care Per Diem Funding Policy", section 4 and 4.2 requires a minimum of 652 hours for food service workers, based on 120 LTCH beds and an average of 87 Retirement Home residents who are consuming 3 meals daily between December 1, 2014 and January 14, 2015. The home is providing 648 hours per week of food service worker time, resulting in a shortage of 4 hours per week. [s. 77. (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 there were sufficient food service workers for the home to meet the Minimum staffing hours as calculated under subsection (2) with reference to Regulation 77(3)(a)(b), to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times.

On January 6, 2014, the call bell located at bed side of Resident #200 was found to be non-functional. The Nurse Manager confirmed the resident-staff communication and response system was not activated when the button was pushed, and maintenance was notified to replace the call bell cord.
On January 13, 2014, the call bell cord located in the bathroom of room C 115 was noted to detach from the wall without consistently activating the bell. The Acting ADOC confirmed that the bell was not consistently activated and maintenance was notified to replace the cord. [s. 17. (1) (b)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
4. Vision. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care which must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident's vision.

Review of resident #103's Resident Assessment Protocol (RAP) summary for the last three quarters indicated the resident had been assessed as having impaired vision, and seeing large print. However, there had been no documented evidence that strategies and intervention had been assessed and put in place and the most current plan of care did not include at a minimum, an interdisciplinary assessment with respect to the resident #103"s vision. [s. 26. (3) 4.]

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to respond to the Residents' Council in writing within 10 days of receiving concerns or recommendations from the council.

A review of the Residents' Council minutes revealed that a concern regarding staff not announcing their name prior to entering a resident's room was raised at the July 10, 2014 meeting. There was no written response received by council. This concern was again raised at the August 14, 2014 meeting and a Residents' Council Concerns Form was provided to the council in response to the concern. An interview with a Residents' Council Assist confirmed that there was no written response to the concern in July. [s. 57. (2)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities. O. Reg. 79/10, s. 75 (3).

Findings/Faits saillants :

1. The licensee did not ensure that a nutrition manager was on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities.

With reference to regulation 75(5)(a)(b): When considering the hours in a week devoted to producing meals and other food and beverages for non-long term care home (LTCH) residents, the minimum staffing hours for the LTCH Nutrition Manager under subsection (3) were not provided. Based on 120 LTCH residents and an average of 87 Retirement home residents consuming 3 meals daily between December 1, 2014 and January 14, 2015, the Long-Term Care Homes Financial Policy "LTCH Level-of-Care Per Diem Funding Policy" section 4 and 4.1 requires a minimum of 66.2 hours per week for the home's Nutrition Manager for the management of all resident and non-resident nutritional care and dietary service programs, where staff are involved in activities in addition to food preparation for non-LTCH residents. The licensee is currently providing 60 hours per week for the LTCH Nutrition Manager, resulting in a shortfall of 6.2 hours per week. [s. 75. (3)]

WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :

1. The licensee did not comply with the conditions to which the license is subject.

Section 4.1 under Schedule C of the Long-Term Care Home Service Accountability Agreement (LSAA) with the Local Health Integration Network (LHIN) under the Local Health System Integration Act, 2006, reads, "The Health Service Provider shall use the funding allocated for an Envelope for the use set out in the Applicable Policy". The Long-Term Care Homes Funding Policy of July 1, 2010 for Eligible Expenditures for Long-Term Care Homes Raw Food (RF) Envelope Section 3.1.2. reads, "Expenditures for the purchase of raw food including food materials used to sustain life including supplementary substances such as condiments and prepared therapeutic food supplements ordered by a physician, nurse practitioner, registered dietitian, and/or registered nurse, as appropriate....Alcohol and food for non-residents are not included in this envelope."
a) Money from the Raw Food funding envelope has been used to pay for food and fluids that are consumed by people other than residents. Review of the Family Council meeting minutes for 2014 revealed that the home was providing the Council members, who are non-residents, food and fluids at each meeting. The Director of Food Services confirmed that the raw food envelope was being used to pay for the items. [s. 101. (4)]

Issued on this 12th day of February, 2015

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

Original report signed by the inspector.