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**

**Division de la responsabilisation et de la performance du système de santé**
**Direction de l'amélioration de la performance et de la conformité**

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


## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Oct 29, 2015 | 2015_377502_0018 | 025365-15 | Resident Quality Inspection |

### Licensee/Titulaire de permis

HERITAGE NURSING HOMES INC.
1195 QUEEN STREET EAST TORONTO ON M4M 1L6

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

THE HERITAGE NURSING HOME
1195 QUEEN STREET EAST TORONTO ON M4M 1L6

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

JULIENNE NGONLOGA (502), SHIHANA RUMZI (604), SOFIA DASILVA (567), STELLA NG (507)

### 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): September 14, 15, 16, 17, 18, 21, 22, 28, 29 and 30, 2015.**

**During the course of the inspection, the inspector(s) spoke with the director of care (DOC), registered nurses (RNs) registered practical nurses (RPNs), personal support workers (PSWs), registered dietitian (RD), social service coordinator (SSC), activation manager and volunteer coordinator, activation staff, support services manager (SSM) residents, substitute decision makers (SDMs) and family members of residents.**

**The inspectors also conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, provision of care, dining services, record review of resident and home records, meeting minutes for Residents' Council and Family Council, staff training records, staffing schedules and relevant policies and procedures.**

**The following intakes were conducted concurrently with the Resident Quality Inspection: log # 016481-15, #012763-15, #012762-15, #004280-15, #000695-15 and #001434-12.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**
**Dining Observation**
**Falls Prevention**
**Family Council**
**Infection Prevention and Control**
**Medication**
**Minimizing of Restraining**
**Nutrition and Hydration**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Reporting and Complaints**
**Residents' Council**
**Responsive Behaviours**
**Safe and Secure Home**
**Skin and Wound Care**

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

- **3 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 # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|---|---|---|---|
| O.Reg 79/10 s. 136. (1) | CO #002 | 2015_262523_0001 | 567 |
| O.Reg 79/10 s. 136. (2) | CO #003 | 2015_262523_0001 | 567 |
| O.Reg 79/10 s. 136. (3) | CO #004 | 2015_262523_0001 | 567 |
| O.Reg 79/10 s. 136. (6) | CO #005 | 2015_262523_0001 | 567 |
| O.Reg 79/10 s. 15. (1) | CO #001 | 2015_262523_0001 | 502 |
| LTCHA, 2007 S.O. 2007, c.8 s. 19. (1) | CO #001 | 2014_260521_0050 | 604 |

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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 O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

On specified date and time, the inspector observed an identified staff cutting resident #041 fingernails in the hallway using nail clippers. The identified staff then cleaned the nail clippers with alcohol based hand sanitizer.

Interview with the above identified staff indicated as part of the "Beauty Corner Activity" he/she randomly checks the resident's fingernails and if they are long he/she cuts them using the same nail clippers. The identified staff confirmed after each use he/she cleans the nail clippers using alcohol based hand sanitizer.

Interview with the activation manager indicated "Beauty Corner Activity" directs staff to trim fingernails and apply nail polish. He/she confirmed staff are not to cut the resident's fingernails.

Interview with the DOC confirmed nail care was provided on bath days by PSWs and by registered nursing staff for diabetic residents. The DOC also stated the nail clippers were to be cleaned and sanitized after each use with disinfectant "Tricep". He/she confirmed using alcohol based hand sanitizer was not the home practice of infection control and prevention. [s. 229. (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 ensure that all staff participate in the implementation of the program, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails**

**Specifically failed to comply with the following:**

**s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
**(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
**(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
**(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where bed rails are used, the resident has been assessed in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident.

On specified dates the inspector observed two quarter bed rails in raised position, on each occasion, resident #006 was not in bed.

Review of the MDS, the physiotherapy assessment, the falls assessment record, and the resident's plan of care did not identify the use of any type of bed rails.

Interview with an identified staff indicated the bed rails were used for safety. Interview with an identified nursing staff indicated PSWs put the bed rails in raised position during care to prevent the resident from falling.

Interview with the DOC revealed where bed rails are used, the resident have been assessed and the assessment should be documented on the MDS as well as on the falls assessment record. After reviewing resident #006's plan of care, he/she confirmed the resident was not assessed prior using the bed rails. [s. 15. (1) (a)]

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**WN #3: 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 has failed to ensure that a response in writing is provided to the Residents' Council within 10 days of receiving Residents' Council advice related to concerns of recommendations.

Record review of the Chinese Residents' Council meeting minutes for the month of July, August and September 2015, indicated suggestions were made during the July 14 and September 8, 2015, meetings regarding the activities and food preferences for the Moon Festival respectively. Review of the Residents' Council Meeting Response Form dated July 14 and September 8, 2015, revealed each department head responded on July 21 and September 11, 2015 respectively.

Interview with the Social Service Coordinator revealed all concerns/suggestions raised in the Chinese Residents' Council meetings are documented in the Residents' Council Meeting Response Form and sent to the relevant department head to respond, and he/she usually receives the respond from the department head after 7 - 10 days.

AN identified staff confirmed the respond from the department head was not shared with the Chinese Residents' Council until the next Council meeting, which was one month later. [s. 57. (2)]

**Issued on this 17th day of November, 2015**

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

**Original report signed by the inspector.**