



**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 # / Registre no	Type of Inspection / Genre d'inspection
May 3, 2016	2016_417178_0005	002445-14	Complaint

Licensee/Titulaire de permis

THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA
2 OVERLEA BLVD TORONTO ON M4H 1P4

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

ISABEL AND ARTHUR MEIGHEN MANOR
155 MILLWOOD ROAD TORONTO ON M4S 1J6

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): March 22, 24, 29, 30, 31,
April 4, 5, 2016.**

**This inspection was conducted concurrently with Resident Quality Inspection
#2016_252513_0005.**

**During the course of the inspection, the inspector(s) spoke with Interim Director of
Care (IDOC), registered staff, personal support workers, Facilities and
Environmental Services Manager, former Assistant Director of Care.**

**During this inspection the inspectors reviewed home and resident records,
observed resident care and staff to resident interactions.**

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Responsive Behaviours**

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

2 WN(s)

2 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. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



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Findings/Faits saillants :



1. The licensee has failed to ensure that there was a written plan of care for resident #001 that set out the planned care for the resident, the goals the care was intended to achieve, and clear directions to staff and others who provided direct care to the resident.

Interviews with the resident's SDM confirmed that in May 2014, the resident exhibited an identified behaviour which resulted in maintenance and safety issues within the long term care home. In an effort to prevent the behaviour, the home implemented an intervention that the SDM wanted discontinued as it impacted the resident's personal care routine.

Interviews with staff #100 and #101 confirmed that resident #001 was confused, and was frequently exhibiting the identified behaviour which resulted in maintenance and safety concerns within the home.

Review of resident #001's progress notes confirmed that the home's intervention to prevent the identified behaviour remained in place for approximately four months, while during this time the resident's SDM voiced concerns to the home that the intervention negatively impacted the resident's personal care routine.

Interviews with staff #100 and #101 confirmed that after an inspector from the Ministry of Health attended the home in August of 2014, the home took measures to safely discontinue the intervention to which the resident's SDM had objected. These measures included frequent monitoring of the resident, particularly when the resident was most likely to engage in the problematic behaviour. Staff #100 and #101 revealed that the resident's behaviour can now be managed by frequent monitoring.

Review of the resident #001's plan of care in place in May 2014, at the time that the resident's identified behaviour caused the home to implement the identified intervention, revealed no mention of the resident's behaviour, and no goals or interventions to manage this behaviour. Review of the resident's plan of care in place at the time of this inspection, also revealed no mention in the plan of care of the identified behaviour, and of the monitoring interventions to prevent potential home damage and safety risk caused by this behaviour.

Interview with the home's interim Director of Care (IDOC) confirmed that the resident's identified behaviour should have been documented in the resident's plan of care, along with interventions to manage or prevent the behaviour, because the front line staff needs to use the written plan of care in order to determine the resident's care needs. [s. 6. (1)]



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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 is a written plan of care for each resident that sets out the planned care for the resident, the goals the care is intended to achieve, and clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours



Specifically failed to comply with the following:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. O. Reg. 79/10, s. 53 (1).**
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours. O. Reg. 79/10, s. 53 (1).**
- 3. Resident monitoring and internal reporting protocols. O. Reg. 79/10, s. 53 (1).**
- 4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).**

s. 53. (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; O. Reg. 79/10, s. 53 (3).

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 53 (3).

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that there are written approaches to care developed to meet the needs of the residents with responsive behaviours that include screening protocols, assessment, reassessment, and identification of behavioural triggers that may result in responsive behaviours.

Interview with the home's IDOC confirmed that the home does not have written approaches to care developed to meet the needs of the residents with responsive behaviours, that include screening protocols, assessment, reassessment, and identification of behavioural triggers that may result in responsive behaviours. When the inspector requested written policies and protocols related to the home's responsive behaviours program, the DOC was unable to provide any written policies or protocols related to screening, assessment, reassessment or identification of behavioural triggers. [s. 53. (1) 1.]

2. The licensee has failed to ensure that there are written protocols for the referral of residents to specialized resources where required.

Interview with the home's IDOC on April 4, 2016, confirmed that there are no written protocols for the referral of residents to specialized resources, such as the Behavioural Support Outreach Team or the Psycho-geriatrician. The IDOC confirmed that the home has a process for referring residents to these resources, but this process is not written anywhere. [s. 53. (1) 4.]

3. The licensee has failed to ensure that the responsive behaviour program was evaluated annually and updated in accordance with evidence-based practices or prevailing practices.

Interview with the IDOC on April 4, 2016 confirmed that the home's responsive behaviour program has not been evaluated annually. [s. 53. (3) (b)]



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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's responsive behaviours program includes:

-written approaches to care developed to meet the needs of the residents with responsive behaviours that include screening protocols, assessment, reassessment, and identification of behavioural triggers that may result in responsive behaviours

-written protocols for the referral of residents to specialized resources where required

-and is evaluated annually and updated in accordance with evidence-based practices or prevailing practices, to be implemented voluntarily.

Issued on this 27th day of May, 2016

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

Original report signed by the inspector.