Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
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Original Public Report

Report Issue Date: May 10, 2024	
Inspection Number: 2024-1494-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Ukrainian Home for the Aged	
Long Term Care Home and City: Ivan Franko Home (Etobicoke), Toronto	
Lead Inspector Manish Patel (740841)	**Inspector Digital Signature** Manishkumar C Patel Digitally signed by Manishkumar C Patel Date: 2024.05.14 14:44:57 -04'00'
Additional Inspector(s) Jack Shi (760)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 25, 26, 29, 30, 2024 and May 1 - 3, 2024

The following intake(s) were inspected:

- Intake: #00114200 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration

Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee failed to ensure that a resident's assistive eating aide / device was provided.

Rationale and Summary
The resident's care plan indicated the use of a device as an assistive eating aide. An observation at lunch time demonstrated that the aid was not initially provided to the resident. A Dietary Aide stated that because a family member was there and feeding the resident, the use of an assistive device was not necessary. The Nutritional Manager clarified that the use of the device was a preference by the family and not due to identified risk and that the device should have been provided to the resident at the start of the meal service.

The inspector had noticed that at the end of the meal service, an assistive device was being utilized by the resident's family member.

Sources: Observation; Resident's care plan; Interview with Dietary Aide and Nutritional Manager.
[760]

Date Remedy Implemented: April 26, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the information required to be posted in the home under section 85 of the Act included the current version of the visitor policy made under section 267.

Rationale and Summary
On an initial Tour on April 25, 2024, the visitor policy could not be confirmed to be posted in the home. The Director of Care (DOC) acknowledged that the visitor policy was not posted in the home.

On April 29, 2024, DOC acknowledged that the visitor policy was posted after an initial tour on April 25, 2024. The visitor policy was confirmed posted upon observation on April 30, 2024.

Failure to post visitor's policy in the home did not affect any residents' health, well being or safety negatively.

Sources: Observations on April 25 and 30, 2024; and interview with DOC.
[740841]

Date Remedy Implemented: April 30, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(e) the current report required under subsection 168 (1);

The licensee has failed to ensure that a report prepared on the continuous quality improvement initiative for the home for each fiscal year was published on their website.

Rationale and Summary
Review of the home's website on May 1, 2024, revealed that the Continuous Quality Initiative (CQI) report was not posted for year 2023/2024.

CQI Lead in an interview acknowledged that the CQI report for the year 2023/2024 was not posted on the website.

After approximately two hours, the CQI Lead informed the inspector that the CQI report for the year 2023/2024 was posted on the home's website. Review of the home's website confirmed the same.

Failure to publish the CQI initiative report on the home's website posed no risk to the residents' health, safety and well being.

Sources: Review of the home's website and the report titled 'Quality Improvement Plans 24/25 (QIP): Progress Report on the 2023/24 QIP' and Interview with the CQI Lead.
[740841]

Date Remedy Implemented: May 2, 2024

WRITTEN NOTIFICATION: Plan of care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee failed to ensure that a resident was provided a beverage as specified in their plan of care.

Rationale and Summary
The resident's care plan indicated that they had a preference for a specific beverage. An observation and interview at the lunch period with Personal Support Worker (PSW) indicated that the resident had received different beverage. The resident was also noted during the observation period to have a specific responsive behaviours. The nutritional manager stated that the intervention of a specific beverage was made by the Behavioural Supports Ontario (BSO) lead as a way to reduce the resident's responsive behaviours. The nutritional manager confirmed that the PSW should have provided the resident with the specific beverage rather than a different one.

Failure to provide the resident with specific beverage could have increased the resident's responsive behaviours.

Sources: Observation; Resident's care plan; Interview with PSW and Nutritional Manager.
[760]

WRITTEN NOTIFICATION: Plan of Care Documentation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in the plan of care was documented for a resident.

Rationale and Summary
Upon review of Point-Of-Care (POC) for the last 30 days on May 1, 2024, it was noted that there was no documentation of provision of specific personal care for the resident for one day in the month of April 2024.

A Registered Practical Nurse (RPN) acknowledged that the resident was scheduled to receive the specific personal care on an identified day. RPN confirmed that the provision of care was not documented for that particular day. After speaking to the staff who was scheduled to provide the specific personal care to the resident, DOC confirmed that the specific personal care was provided but the provision of care was not documented.

Failure to document provision of care for an identified day did not affect resident's health and well being negatively.

Sources: Record review of resident including care plan, POC; interview with DOC and RPN.
[740841]

WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to ensure that PSW used proper and safe feeding techniques with a resident.

Rationale and Summary
The resident's care plan indicated that they required assistance with their feeding. The home's policy indicates that staff should always be sitting when feeding a resident. During an observation at lunch time, a PSW was seen feeding a resident in their bed while they were standing. The PSW stated that they should have sat down and fed the resident for the entire duration of their meal. Registered Dietician (RD) and Nutritional Manager both confirmed that staff should have been sitting down at all times when feeding a resident.

Failure to use proper feeding techniques on a resident may result in aspiration with their meal.

Sources: Resident's care plan; Observation; Policies titled, "Feeding a resident in room" and "Feeding a resident" both dated December 2023; Interview with PSW, RD and Nutritional Manager.
[760]

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (2) 1.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the

following:
1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

The licensee failed to ensure that drugs that were to be destroyed were kept separately from drugs available for administration.

Rationale and Summary
The home's policy indicated that drugs meant for destruction should not be kept in the same location as drugs for administration. A RPN showed the inspector that a medication destruction box was kept on the third floor medication cart, on the bottom drawer, with other residents' medications that were available for administration. The DOC confirmed that based on the home's policies, the drug destruction box should not have been kept in an area where drugs were made available for administration.

Failure to ensure that medications for destruction were kept in an area away from drugs available for administration may lead to medication errors.

Sources: Policy titled, "Drug destruction & disposal 2023", last updated on April 2023; Observation and interview with RPN and DOC.
[760]