



**Inspection Report  
under the Long-Term  
Care Homes Act, 2007**

**Rapport d'inspection  
prevue le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 7, 8, 9, 10, 13 & 14, 2010	2010_101_9545_07Sep 103715	Complaint (T1019)
<b>Licensee/Titulaire</b>		
Toronto Long-Term Care Homes and Services, 55 John Street, Metro Hall, 11th Floor, Toronto, ON, M5V 3C6		
Long-Term Care Home/Foyer de soins de longue durée		
Kipling Acres, 2233 Kipling Avenue, Etobicoke, ON, M9W 4L3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Amanda Williams (101) and Susan Squires (109)		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to the Home's Falls Prevention Program.

During the course of the inspection, the inspector(s) spoke with: The Administrator, Assistant Administrator, Environmental Services Manager, Registered Nursing staff and front-line care givers.

During the course of the inspection, the inspector(s): completed a walk-through of a resident home area, reviewed the resident's personal health records and the Home's policies, procedures and service agreements.

The following Inspection Protocols were used during this inspection:

- Falls Prevention
- Safe and Secure

Findings of Non-Compliance were found during this inspection. The following action was taken:

6 WN



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordre de conformité  
WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with Homes for the Aged and Rest Homes Act R.S.O. 1990, Chapter H.13 s. 1.1(2)2. A municipality maintaining and operating a home, the municipalities maintaining and operating a joint home and the board of management of a home shall ensure that the following rights of residents of the home are fully respected and promoted:  
**2. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.**

**Findings:**

1. A resident was asked to supervise another resident's bed alarm because nurses could not readily hear the alarm sounding.

**Inspector ID #:** 101 & 109

**WN #2:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8 s. 6(1)(c). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. 2007, c. 8; s. 6 (1).

**Findings:**

1. A resident's written plan of care does not provide clear and consistent direction for staff.

**Inspector ID #:** 101 & 109

**WN #3:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8 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:**

1. The care was not provided as set out in the plan of care for a resident at risk of falls.

**Inspector ID #:** 101 & 109



**WN #4:** The Licensee has failed to comply with O. Reg 79/10 s. 48(1)1. Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury.

**Findings:**

1. There are inconsistencies in information to staff related to the home's "falling leaf" fall prevention checklist. The checklist requires the home to place a falling leaf symbol on the resident's chart, their mobility device, the nameplate on the resident's bedroom door and above the resident's bed. The list of residents at high risk for falls do not consistently have all communication interventions in place as outlined in the falling leaf protocol

Inspector ID #: 101 & 109

**WN #5:** The Licensee has failed to comply with O. Reg. 79/10 s. 49(3). Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home.

**Findings:**

1. There was no bed alarm available to a resident identified as requiring one.

Inspector ID #: 101 & 109

**WN #6:** The Licensee has failed to comply with Homes for the Aged and Rest Homes Act R.S.O. 1990, Chapter H.13 s. 30.1(2)(d). No municipality maintaining and operating a home, none of the municipalities maintaining and operating a joint home and no board of management of a home shall demand or accept or cause or permit anyone to demand or accept on its behalf payment from or on behalf of a resident of the home or joint home, as the case may be, (d) and that are required to be provided to residents without charge under the service agreement relating to the home or joint home.


**Findings:**

1. A resident/POA was demanded to pay for a bed/chair alarm.

Inspector ID #: 101 & 109

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Sept 24, 2010 -   
Date of Report (if different from date(s) of inspection)

Title: Date: