



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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**

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 rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 2, 2017	2017_705109_0002	018543-17	Complaint

Licensee/Titulaire de permis

City of Toronto
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

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

SUSAN SQUIRES (109)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 21, 26, 2017 and October 5, 16, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC) and the Substitute Decision Maker (SDM).

Ad-hoc notes were used during this inspection.



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

1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee failed to consider and approve the applicant's admission to the home based upon assessments and information that were provided to the home by the placement co-ordinator unless the licensee had grounds for withholding approval as specified by this legislation.

This inspection is in response to a complaint received from the Director of Placement concerning the rejection of resident #001's placement application to Kipling Acres. The Director of Placement alleged that the home did not provide a reason for rejection of resident #001's application which met with this legislative reference.

During an interview the Administrator, staff #100, and the Director of Care, staff member #101, told the inspector that the home has both a secured unit and a wander guard system. The Administrator also told the inspector that there is a behavioural support nurse on staff and they work with the behavioural support person with the Central West Local Health Integration Network (LHIN). Staff member #101 told the inspector that the resident did not want the secured unit.

The SDM for resident #001 told the inspector that he/she was never concerned whether or not the room was on a secured unit and did not place any restriction on this fact.



Record review of the placement application includes a consultation report for responsive behaviours. The report indicated that there was an episode of responsive behaviour in response to the staff at the hospital attempting to provide a clinical procedure. The report also stated that while a change in environment and staff may result in agitation for this resident, there was no reason not to discharge the resident.

Record review of the application for admission indicates resident #001 has several responsive behaviours. According to the application, the resident was also assessed by the Behavioural Support Transition Resource Team and strategies that had been implemented were assessed to be effective with a positive outcome for the resident. Triggers were identified and strategies were successfully implemented.

Review of the letter from the home, outlining the withholding of resident #001's application for admission to the home indicates that there is a lack of nursing expertise specific to the presence of high risk for injury to others and evidence of ineffective coping of resident #001. The letter also stated that the home does not have the expertise required to manage the complex and specialized needs of this applicant.

The home had already accepted the resident into their care after reviewing the original application supplied by the placement coordinator. The hospital staff and medical staff determined the resident was safe for discharge on a specified date. Based upon the review of the application for admission, the interview with placement management and the management at Kipling Acres, non-compliance is issued because licensee did not meet legislative requirements for rejection of the application for admission to the home by stating that their staff did not have the expertise required to manage the resident's behaviours. [s. 44. (7)]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 3rd day of November, 2017

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

Original report signed by the inspector.