



**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
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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 |
|---|---|--------------------------------|--|
| Nov 5, 2015 | 2015_393606_0013 | T-18598-15 | Complaint |

Licensee/Titulaire de permis

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

LAKESHORE LODGE
3197 Lakeshore Blvd. West ETOBICOKE ON M8V 3X5

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

JANET GROUX (606)

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 4, 8, 9, 15, 16, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator (A), Director of Care (DOC), Nurse Manager (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Physiotherapist (PT), Dietitian (RD), Residents, and Substitute Decision Maker (SDM).

The inspector reviewed clinical health records, relevant home policies and procedures and conducted observations of resident care at various times during the inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Critical Incident Response

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Skin and Wound Care

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

5 WN(s)

0 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the following is documented: The provision of the care set out in the plan of care.

Review of Resident #001's Nursing and Personal Care Record (NPCR), Continence-Bladder and Bowel Care, indicating the number of times a brief or pad is changed due to incontinence, and when pericare is provided, and the type of bowel movement revealed 534 missed entries between January 2015, to August 2015.

Interview with PSW #102 revealed staff are to document in the NPCR the care provided as mentioned above.

Interview with RPN #103 confirmed that the PSWs failed to document the care provided as mentioned above. [s. 6. (9)]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Review of a letter dated July 2015, by Resident #001's substitute decision maker(SDM) revealed the following concerns:

- Resident #001 had an identified area of altered skin integrity in February 2015, and a second identified area in July 2015,
- staff member #005's incompetence and lack of professionalism when performing care,
- Resident #002's call bell not being responded to.

Interview with the SDM revealed that he/she forwarded the above letter to the home in July 2015.

Interview with Nurse Manager #109 (NM) revealed that the letter mentioned above was received by the home in July 2015, and confirmed it was not forwarded to the Director. [s. 22. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that, a resident exhibiting altered skin integrity is assessed by a registered dietitian who is a member of the staff of the home.

Review of Resident #001's progress notes revealed the resident sustained altered skin integrity on an identified area in July 2015.

An interview with the home's registered dietitian (RD) revealed that he/she received a referral to assess the resident, and did not complete an assessment due to resident's stable nutritional status.

An interview with Registered Nurse(RN) #103 and NM #110 revealed that an assessment should have been completed by the RD and confirmed it was not completed.
[s. 50. (2) (b) (iii)]



WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 98. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 79/10, s. 98.

Findings/Faits saillants :

1. The licensee has failed to ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

Review of Resident #001's progress notes revealed the resident sustained altered skin integrity of unknown cause in July 2015.

Interview with resident #001's SDM revealed that he/she informed the home of suspected abuse due to altered skin integrity.

Interview with RN #109 revealed that in July 2015, resident #001's SDM verbalized concerns of abuse due to the altered skin integrity.

Interview with the Administrator confirmed the home completed an investigation and although the SDM verbalized that he/she suspected abuse, the police were not notified. [s. 98.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

Review of Resident #001's SDM's letter dated July 2015, revealed the following concerns:

- Resident #001 had an identified area of altered skin integrity in February 2015, and a second identified area in July 2015,
- staff member #005's incompetence and lack of professionalism when performing care,
- Resident #002's call bell not being responded to.

Interview with NM #109 revealed that the letter mentioned above was received by the home in July 2015, and confirmed the home did not investigate and resolve the concerns within 10 days.

The Director of Care (DOC) revealed that the home should have investigated the concerns as mentioned above within the 10 days and confirmed that the home did not.
[s. 101. (1) 1.]



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Loi de 2007 sur les foyers de
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Issued on this 29th day of November, 2015

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

Original report signed by the inspector.