

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

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

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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 # / No de registre	Type of Inspection / Genre d'inspection
Sep 28, 2021	2021_780699_0017	004348-20, 015643-20, 017853-20, 018142-20, 018610-20, 019054-20, 020654-20, 005512-21, 006060-21, 009408-21, 011427-21, 012115-21, 013064-21	Critical Incident System

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Harmony Hills Care Community
1800 O'Connor Drive Toronto ON M4A 1W7

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

PRAVEENA SITTAMPALAM (699), RODOLFO RAMON (704757), SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): On-site September 09, 10, 16, 17, 20-24, 2021. Off-site days September 13-15, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

**-Log 013064-21 [CIS: 2832-000013-21], 012115-21 [CIS: 2832-000012-21], 011427-21 [CIS: 2832-000010-21], 009408-21 [CIS: 2832-000008-21], 018610-20 [CIS: 2832-000021-20], 004348-20 [CIS: 2832-000004-20], and 006060-21 [CIS: 2832-000004-21] related to falls with injury;
-log 015643-20 [CIS: 2832-000009-20] related to alleged neglect;
-log 020654-20 [CIS: 2832-000025-20] related to an adverse drug reaction;
-log 005512-21 [CIS: 2832-000003-21], 018142-20 [CIS: 2832-000020-20], 017853-20 [CIS: 2832-000017-20] related to injuries with unknown cause; and
-log 019054-20 [CIS: 2832-000023-20] related to notification of substitute decision-maker.**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Infection Prevention and Control (IPAC) lead, Associate Director of Care (ADOC), Environmental Services Manager (ESM), Physiotherapist (PT), Registered Nurse (RN), Registered Practical Nurse (RPN), Housekeeping Aides (HA), Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspector(s) conducted observations of the home, including resident home areas, staff to resident interactions, reviewed resident clinical health records, investigation notes, and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Medication
Personal Support Services
Safe and Secure Home**

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>Légende</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. (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/Faits saillants :

1. The licensee has failed to ensure that a resident was provided two person assistance for all activities of daily living (ADL).

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care (MLTC) related to a resident sustaining an injury requiring transfer to the hospital.

The resident required two person care for all ADLs except for feeding. Staff indicated that on most occasions, the resident was provided two person care. On occasion, they would provide one person assistance if a second staff member was not available. The expectation for staff was to provide the resident with two person care for their ADLs, as the resident could be at risk for injury due their health conditions.

Sources: The resident's progress notes, care plan with full revision history, and interviews with staff. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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 failed to ensure two residents received a skin assessment using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Two residents were observed to have altered skin integrity of unknown cause. Staff indicated that if residents exhibited altered skin integrity they would initiate a skin and wound assessment in PointClickCare (PCC). Review of PCC did not show a skin and wound assessment completed for the altered skin integrity noted for either residents.

Sources: The residents' clinical health records, care plan with full revision history, and interviews with staff. [s. 50. (2) (b) (i)]

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 the residents 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, to be implemented voluntarily.

Issued on this 28th day of September, 2021

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

Original report signed by the inspector.