



**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**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 22, 2018	2018_751649_0010	009579-18	Complaint

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### **Licensee/Titulaire de permis**

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

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

Midland Gardens Care Community  
130 Midland Avenue SCARBOROUGH ON M1N 4B2

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

JULIEANN HING (649)

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## **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): The off-site inspection was conducted on May 15, 16, June 13, 14, and 15, 2018.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Directors of Care (DOCs), Resident Relation Coordinator, Senior Manager Home and Community Care, Central East Local Health Integration Health Network (CE LHIN), and Director of Community Services.**

**The following Inspection Protocols were used during this inspection:  
Admission and Discharge**



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

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

#### Legendé

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).

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

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).**

**s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**

**(a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).**

**(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).**

**(c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).**

**(d) contact information for the Director. 2007, c. 8, s. 44. (9).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the appropriate 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 of the home unless the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements.

On an identified date, the Ministry of Health and Long-Term Care (MOHLTC) received a complaint regarding a conditional bed offer made and the home subsequently refusing



the applicant based on behaviours.

A review of the home's response to applicant #001 in a letter on an identified date indicated approval was being withheld because the home's staff lack the resources and nursing expertise necessary to meet the applicant's care requirements due to a long standing history of responsive behaviours and the applicant was unable to perform an identified activity independently and the home does not provide assistance/ supervision with the identified activity.

During an interview with the Executive Director (ED) #104, Directors of Care (DOCs) #102 and #103, and the Resident Relation Coordinator #105, the DOC #102 told the Inspector the home has a secure dedicated unit for residents who have responsive and wandering behaviours. DOC #102 further stated the home has an internal Behavioural Support Outreach (BSO) nurse with external resources of a Psychogeriatric Program Consultant as well as a Psychiatrist assigned to the home who comes every four to six weeks to assess residents and if needed will order treatment. DOC #102 also stated that the staff have been trained to manage residents with responsive behaviours.

The Resident Relation Coordinator #105 told the Inspector that the home received applicant #001's application on an identified date and accepted the application to a wait list and advised the placement Coordinator that the applicant required assistance with an identified activity since they were unable to perform this identified activity independently. The ED told the Inspector that the home was informed the applicant's family member would come and supervise the identified activity. On a later date the home was informed the applicant's family member was unable to come and provide supervision with the identified activity when the actual bed was offered. The ED further stated the home received an update on a later date from an external resource stating a commitment to provide a Personal Support Worker (PSW) daily to assist the applicant with the identified activity independently. DOC #103 told the Inspector after reviewing this new information they were concerned with the distance the PSW would have to come and if the applicant wanted to perform the identified activity at an earlier time would have to wait until the PSW arrived and stated the commitment seemed less firm. DOC #103 also told the Inspector that the applicant was started on a program to help stop the identified activity. According to the ED new admissions were not allowed to perform the identified activity. The ED further stated that the applicant has an identified behaviour related to the identified activity and stated the home staff would refuse to provide supervision for the activity. The ED agreed that the identified activity does not fall under the legislation as grounds for refusal.



In an interview the Director of an external resource told the Inspector they had made a written commitment to the home in a letter on an identified date to provide a PSW daily to support the applicant's transition into LTC. The letter stated the applicant was started on a program to help stop the identified activity for sometime now. According to the Director a PSW would be provided for a period of approximately three weeks, five hours a day, five days a weeks if the home found this to be helpful and stated that the applicant did not have any identified behaviours when told to wait for assistance with the identified activity.

The Inspector contacted the home at a later date and was informed by the DOC #102 that applicant #001 had been a resident at the home for approximately one week. According to the ED applicant #001's application was accepted after receipt of new information indicating that a PSW from an external resource would come to the home and supervise the applicant's identified activity. This information of accepting applicant #001's application after they had been refused by the home in a letter on an identified date was not communicated to the Inspector during the interview with the home.

The above interviews were unable to demonstrate the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements. [s. 44. (7)]

2. The licensee has failed to ensure if the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out, a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care.

On an identified date, the MOHLTC received a complaint regarding a conditional bed offer made and the home subsequently refusing the applicant based on behaviours.

A review of the home's response to applicant #001 in a letter on an identified date indicated approval was being withheld because the home's staff lack the resources and nursing expertise necessary to meet the applicant's care requirements due to a long standing history of responsive behaviours and the applicant was unable to perform an identified activity independently and the home does not provide assistance/ supervision with the identified activity.

In an interview with ED #104, DOCs #102 and #103, and the Resident Relation Coordinator #105, the ED stated the home could have gone into more detail in the letter



justifying the decision to withhold applicant's #001 application. [s. 44. (9)]

3. The licensee has failed to ensure if the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out, an explanation of how the supporting facts justify the decision to withhold approval.

On an identified date, the MOHLTC received a complaint regarding a conditional bed offer made and the home subsequently refusing the applicant based on behaviours.

A review of the home's response to applicant #001 in a letter on an identified date indicated approval was being withheld because the home's staff lack the resources and nursing expertise necessary to meet the applicant's care requirements due to a long standing history of responsive behaviours and the applicant was unable to perform an identified activity independently and the home does not provide assistance/ supervision with the identified activity.

Interview with ED #104, DOCs #102 and #103, and the Resident Relation Coordinator #105, the ED stated there is a lack of detail in the letter. [s. 44. (9)]

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**Issued on this 13th day of July, 2018**

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

**Original report signed by the inspector.**