

**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
May 3, 2022	2022_597655_0003	015200-21, 016332- 21, 020558-21, 005787-22	Complaint

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

Midland Gardens Care Community
130 Midland Avenue Scarborough ON M1N 4E6

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

MICHELLE EDWARDS (655), KAREN BUNESS (720483)

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): March 21, 22, 23, 24, and 25, 2022, onsite; and April 1, 2022, off-site.

During the inspection, the following intakes were inspected:

- Log # 015200-21, related to food production concerns,**
- Log # 016332-21 and Log # 005787-22, related to alleged staff-resident abuse; and,**
- Log # 020558-21 related to infection prevention and control procedures, food quality, housekeeping, dealing with complaints, and alleged emotional staff-resident abuse.**

During the course of the inspection, the inspector(s) spoke with residents, family members, a receptionist, personal support workers (PSWs), registered nursing staff, dietary and environmental services staff, the Infection Prevention and Control Lead, the interim Director of Dietary Services, the Director of Care, and the Executive Director.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping**
- Accommodation Services - Maintenance**
- Food Quality**
- Infection Prevention and Control**
- Personal Support Services**
- Prevention of Abuse, Neglect and Retaliation**
- Reporting and Complaints**

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. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

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1. The licensee has failed to ensure that the long-term care home's written policy that promotes zero tolerance of abuse and neglect of a resident was complied with.

Inspector #655 reviewed the long-term care home's policy titled "Prevention of Abuse and Neglect of a Resident", Policy # VII-G-10.00 (current revision April 2019). In that policy, it was indicated that any team member who witnesses or has any knowledge of an incident that constitutes resident abuse or neglect, is to immediately inform the Executive Director and/or Nurse in charge, who would then contact the Executive Director.

Allegations of abuse of a resident by two specific staff members were reported to the Director under the Long-term Care Homes Act, 2007, by a complainant who was also an employee of the long-term care home.

During the inspection, the complainant indicated to Inspector #655 that their complaint was related to an allegation of on-going abuse, which was first suspected five months prior. According to the complainant, the allegation had not been reported to the long-term care home's management out of fear of being identified as the one who reported.

The Executive Director and Director of Care were first made aware of the allegations when they were informed by Inspector 655, immediately following the previously described discussion with the complainant. As such, an investigation into the allegations by the home was not previously initiated, posing a risk to residents.

During an interview, the Executive Director indicated to Inspector #655 that when any staff member suspects abuse they must immediately report their suspicions to their supervisor.

Sources: resident interview, staff interviews, a review of relevant records including Policy # VII-G-10.00 (April, 2019), a related critical incident report, and the long-term care home's internal investigation notes. [s. 20. (1)]

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 long-term care home's written policy that promotes zero tolerance of abuse and neglect of resident is complied with, to be implemented voluntarily.

WN #2: 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. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record was kept in the home of the nature of each verbal complaint, actions taken to resolve the complaint, a description of responses to the complainant, and any responses made by the complainant as outlined in s. 101 (2) of Ontario Regulation 79/10.

During the inspection, a family member of a resident indicated to Inspector #655 that when they bring concerns forward to the long-term care home's management team - such as food being served cold, they do not receive a response.

During an interview, the resident confirmed that they had concerns related to the food being served cold. The resident recalled that they had discussed the issue with a manager or supervisor of dietary services on multiple occasions. At the time of the interview, the resident indicated that the issue of food being served cold was on-going - that while staff will reheat the food upon request, the food is not kept warm for serving.

The interim Director of Dietary Services (DDS) confirmed during the inspection that they had been aware of a complaint related to food temperature from the resident some time ago, and described various actions that had been taken to address the concern. The interim DDS indicated that there had been a response given to the resident and that someone was to follow-up with the family member involved. However, the interim DDS was unable to locate any documentation related to the complaint or responses provided.

As such, the licensee has failed to ensure that a documented record was kept in the home related to the resident's verbal complaint, as outlined in s. 101 (2) of Ontario Regulation 79/10. [s. 101. (2)]

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 a documented record is kept in the home of each verbal complaint, in accordance with Ontario Regulation 79/10, s. 101 (2), to be implemented voluntarily.

Issued on this 7th day of July, 2022

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

Original report signed by the inspector.