



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 11, 2017	2017_370649_0013	027643-16, 028105-16, 030675-16, 032691-16, 004421-17, 006063-17	Complaint

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

St. George Care Community
225 ST. GEORGE STREET TORONTO ON M5R 2M2

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

JULIEANN HING (649), NATALIE MOLIN (652)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 16, 17, 18, 19, 23, 24, 31, June , 5, 14, 16, 20, and 21, 2017.

The following intakes were inspected concurrently with this inspection:

Log # 027643-16 related to pest control

Log # 028105-16 and # 030675-16 related to approval by Licensee

Log # 032691-16 and #006063-17 related to allegation of prevention of abuse and neglect

Log #004421-17 related to continence care and bowel management

Log # 004989-17 related to altercation and other interactions between residents.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Directors of Care (ADOC), Director of Environmental Services (DES), Director of Operational Support at Community Care Access Centre (CCAC), Facility Co-ordinator at CCAC, Director Operation Support at CCAC, Resident Relations Co-ordinator/ Social Worker, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Supervisor for Laundry and Housekeeping, Substitute Decision Makers (SDMs), and Residents.

During the course of the inspection, the Inspector observed staff to residents interactions, conducted interviews, reviewed relevant policies, and residents' health records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Admission and Discharge

Continence Care and Bowel Management

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

3 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>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. (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 the care set out in the plan of care is provided to



the resident as specified in the plan.

A review of resident #045's written plan of care indicated the resident was at risk for an identified condition.

Resident's #045 identified medications indicated that he/she was on scheduled and as needed (PRN) identified medications to manage the identified condition.

A record review of the PSW documentation identified resident #045 was exhibiting an identified sign of the identified condition.

A review of the home's policy #VII-D-10.70, revised July 2015, directed the PSW to:

- Report to the Registered Practical Nurse/Registered Nurse (RPN/RN) any resident who is exhibiting an identified sign of the identified condition.
- Monitor the following signs and symptoms of the identified condition and report to Charge Nurse.

Interview with RN #106 revealed that it is the nurse responsibility to check the dashboard in point click care (PCC) and resident #045 should have been given an identified treatment when the resident exhibited the identified sign since he/she was already on oral medications. The RN revealed no identified treatment had been given as it was not documented on the resident's MAR.

Interview with Assistant Director of Care (ADOC) #118 and the Continence Lead in the home revealed that it is the PSW responsibility to check every day if the resident is exhibiting the identified sign of the identified condition and the nurse should check on the dashboard in PCC and take action accordingly. ADOC #118 stated the resident should have been given a treatment as specified in the plan of care.

Interview with the Director of Care (DOC) revealed the PSW would have to report to the nurse that the resident is exhibiting the identified sign of the condition and would expect the RN on the unit to monitor the dashboard in PCC on a daily basis and ensure the care set out in the plan is provided to the resident as specified in the plan. [s. 6. (7)]

2. A review of resident #044's written plan of care indicated the resident is at risk of an identified condition and to record the identified pattern each day.

Resident's #044 MAR indicated that he/she was on a scheduled identified medication.



The resident also received an identified medication PRN for the identified condition.

A record review of resident #044's documentation revealed the resident was exhibiting an identified sign of the identified condition, over an identified period of time.

A review of the home's policy #VII-D-10.70, revised July 2015, directed the PSW to:

- Report to the Registered Practical Nurse/Registered Nurse (RPN/RN) any resident who is exhibiting an identified sign of the identified condition.
- Monitor the following signs and symptoms of the identified condition and report to Charge Nurse.

Interview with PSW #165 revealed he/she is aware to report to the nurse when the resident exhibited the identified sign and have been reporting to the nurse but thinks he/she might have missed reporting on some days. PSW further revealed the resident can self report whether he/she is exhibiting the sign.

Interview with RPN #111 revealed that he/she was not in the habit of looking at the dashboard daily in PCC to monitor if resident #044 was exhibiting the identified sign of the identified condition.

Interview with RN #116 revealed that it is the PSW responsibility to bring to the attention of the nurse and told the inspector it was never brought to his/her attention.

Interview with RPN #102 revealed checking of the dashboard in PCC is a shared responsibility between the PSW and the nurse and he/she had never received any report from the PSWs. RPN further revealed when the treatment had been given to the resident on the above mentioned days was when he/she had looked at the dashboard in PCC.

Interview with Assistant Director of Care (ADOC) #118 and the Continence Lead in the home revealed that it is the PSW responsibility to check every day if the resident is exhibiting the identified sign of the identified condition and the nurse should check on the dashboard in PCC and take action accordingly. ADOC #118 stated the resident should have been given a treatment as specified in the plan of care.

Interview with the Director of Care (DOC) revealed the PSW would have to report to the nurse that the resident is exhibiting the identified sign of the condition and would expect the RN on the unit to monitor the dashboard in PCC on a daily basis and ensure the care set out in the plan is provided to the resident as specified in the plan.[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. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:

3. Toileting programs, including protocols for bowel management. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :

The licensee has failed to ensure the continence care and bowel management program must, at a minimum, provide for toileting programs, including protocols for bowel management.

A review of the home's policy #VII-D-10.70, revised July 2015, directed the PSW to:

- Report to the Registered Practical Nurse/Registered Nurse (RPN/RN) any resident who is exhibiting an identified sign of the identified condition.
- Monitor the following signs and symptoms of the identified condition and report to Charge Nurse.

Record review of the home's policy did not have any identified protocol that directed the registered staff what intervention to provide to a resident when they exhibited an identified sign.

Interviews with ADOC #118 the Continence Lead in the home and DOC revealed that the home does not currently have a protocol in place and DOC stated that the home is currently in the process of implementing a protocol. [s. 51. (1) 3.]



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 continence care and bowel management program must, at a minimum, provide for the following toileting programs, including protocols for bowel management, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 162. Approval by licensee

Specifically failed to comply with the following:

s. 162. (3) Subject to subsections (4) and (5), the licensee shall, within five business days after receiving the request mentioned in clause (1) (b), do one of the following:

- 1. Give the appropriate placement co-ordinator the written notice required under subsection 44 (8) of the Act. O. Reg. 79/10, s. 162 (3).**
- 2. If the licensee is withholding approval for the applicant's admission, give the written notice required under subsection 44 (9) of the Act to the persons mentioned in subsection 44 (10) of the Act. O. Reg. 79/10, s. 162 (3).**

Findings/Faits saillants :

1. The Licensee failed to ensure Subject to subsections (4) and (5), the licensee shall, within five business days after receiving the request mentioned in clause (1) (b), do one of the following: 1. Give the appropriate placement co-ordinator the written notice required under subsection 44 (8) of the Act. 2.

MOHLTC received a complaint regarding authorization for admission to the home.

A review of the home's Resource matching and Referral system (RM&R) containing Central Community Care Access Centre (CCAC) applications to the home revealed that the home did not respond to CCAC within the five day requirement for the following:

- Resident #011's application received on an identified date was denied admission on an



identified date and the home did not respond to CCAC.

-Resident #046's application received on an identified date was denied admission on an identified date and the home they did not respond to CCAC.

-Resident #047's application received on an identified date was denied admission on an identified date, the home responded to CCAC an identified number of days late.

-Resident #048's application received on an identified date was denied admission on an identified date, the home responded to CCAC an identified number of days late.

-Resident #050's application received on an identified date the home responded to CCAC an identified number of days late.

-Resident #051's application received on an identified date was denied on an identified date the home did not respond to CCAC.

Interview with CCAC facilitator #182 and Director of Operational Support #183 revealed St. George Care Community had not been reviewing and responding to CCAC applicants within the legislative five days and in some cases no written notifications of withheld approvals have been received or received late.

Interview with resident relation Co-ordinator/Social Worker #141 revealed the home has not been responding to CCAC applicants within the legislative five days and revealed applications whereby no written notifications of withheld approvals had been sent out to the applicant, the Director and placement co-ordinator as well as responding late.

Interview with ADOC#118 revealed the home has not been responding to CCAC applicants within the legislative five days and no written notifications of withheld approvals have been sent out to the applicant, the Director and placement co-ordinator.
[s. 162. (3)]



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Issued on this 25th day of August, 2017

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

Original report signed by the inspector.