Ontario

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 17, 2018	2018_759502_0013	018612-18	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

St. George Care Community
225 St. George Street TORONTO ON M5R 2M2

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

JULIENNE NGONLOGA (502)

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): August 15, 17, 28, and September 13, 2018.

During the course of this inspection, the inspectors observed resident care, observed staff and resident interactions, interviewed staff and substitute Decision maker and reviewed the residents' health records, staff schedules and relevant policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Nurse Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Registered Dietitian (RD), Physiotherapist (PT), Environmental Services Manager, Substitute decision Maker (SDM), and residents.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

Review of a complaint submitted to the Ministry of Health and Long Term Care (MOHLTC) on an identified date indicated that on a specified date resident #001 had a fall and was not sent to the hospital until the next day. The complainant stated that the resident had multiples falls in the past and alleged that the home did not have falls prevention in place.

Review of progress notes revealed that resident #001 had a fall on a specified date with injury, they had a specified procedure and returned to the home 23 days later. Review of resident #001's current written plan of care revealed specific interventions.

On an identified date and time, the inspector observed resident #001 being transferred from bed to wheelchair side by side by two staff, and then wheeled to the common area.

In separate interviews, staff #104, #101, #102 indicated that prior to the fall, resident #001 transferred and ambulated independently with a mobility aid. The staff stated that upon their return to the home after hospital stay, resident #001 was not able to bear weight and required the assistance of two persons, side by side, without pivot, for all transfers, the assistance of one person for bed mobility, in order to prevent injury after their recent procedure.

Review of resident #001's written plan of care did not identify that resident #001's care needs changed and requires the assistance of two persons for side by side transfer.

In an interview, staff #109 acknowledged that resident #001's current written plan of care was not revised to reflect the resident's level of assistance that they needed for transfer, toileting and bed mobility when they returned from the hospital and assessed by the physiotherapist. The staff indicated that the nurses on the unit were responsible to update the plan of care. [s. 6. (10) (b)]

2. Due to identified non-compliance with LTCHA 2007, c. 8, s. 6 (10) (b), the sample of residents was expanded to include resident #003.

Review of the progress note and physiotherapist assessment revealed that on an identified date, resident #003 had a fall with injury, and was transferred to the hospital for a specified procedure.

On an identified date, the physiotherapist assessed the resident and documented that resident #003 required two persons extensive assistance with transfers and total assistance with the activities of daily living (ADL).

Review of resident #003's current written plan of care revealed that the resident was to remain on bed rest due to a specified procedure.

On an identified date the inspector observed resident #003 sitting in a dining room chair in the common area, with their mobility Aid beside them.

In separate interviews, staff #110, #111, #112, and #113 indicated that resident #003 had a specified medical procedure. For three weeks, the resident was on bed rest and required total assistance. The resident had physiotherapy care and currently they required one person assistance and ambulates with a mobility aid with one person supervision. Staff #113 confirmed that resident #001's plan of care was not revised to reflect the resident's mobility needs.

In an interview, staff #109 acknowledged that resident #003's current written plan of care was not revised to reflect the change in the resident's abilities to transfer, toileting and bed mobility after completing the physiotherapy program. The staff indicated that the nurses on the unit were responsible to update the plan of care. [s. 6. (10) (b)]

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 resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there were appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

Review of a complaint submitted to the MOHLTC on an identified date indicated that on a specified date resident #001 had a fall and was not sent to the hospital until next day. The complainant stated that the resident had multiples falls in the past and alleged that the home did not have falls prevention in place.

On a specified date the inspector observed resident #001 in the dining room. The resident was seated at the dining room table, in their wheelchair at a lower position. Their chin and the dining room table were at the same level.

In an interview staff #101 stated that they made the same observation during the previous meal service and noted that resident #001 was not seated at an appropriate height. Staff #101 told the inspector that with assistance of staff #106 they tried to move the resident to another dining room table but the resident refused as they always sat at the same table. Interview with staff #106 contradicted staff #101’s above statement. Staff #106 indicated that they were in the dining room during breakfast, but they did not try to change the resident's dining room table.

In an interview, staff #114 acknowledged that the dining room table was not at an appropriate height to meet the needs of resident #001 as the wheelchair provided to them after their specified medical procedure was too low to be used at the regular dining room table. [s. 73. (1) 11.]

Issued on this 20th day of September, 2018

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

Original report signed by the inspector.