



**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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 27, 2017	2017_654605_0008	001239-16, 006125-16, 018842-16, 031414-16, 033816-16, 001845-17, 003547-17, 004261-17, 004792-17	Complaint

Licensee/Titulaire de permis

601091 ONTARIO LIMITED
429 WALMER ROAD TORONTO ON M5P 2X9

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

CEDARVALE TERRACE
429 WALMER ROAD TORONTO ON M5P 2X9

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

SARAH KENNEDY (605), DEREGE GEDA (645), JUDITH HART (513)

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): April 7, 10, 11, 12, 13, 18, 19, 20 and 21, 2017.

The following complaint intakes were inspected: 001239-16 (related to Residents' Bill of Rights and continence care), 006125-16 (related to skin and wound care), 018842-16 (related to nutrition, falls prevention and IPAC), 031414-16 (related to duty to protect), 033816-16 (related to duty to protect), 001845-17 (related to whistleblowing), 003547-17 (related to pain management), 004261-17 (related to safe and secure home) and 004792-17 (related to foot and nail care).

During the course of the inspection the inspectors observed resident to resident interactions, staff to resident interactions and the provision of care; reviewed resident health care records, staff training records and relevant policies and procedures.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), registered nursing staff, skin and wound co-ordinator, Foot Care Nurse (FCN), Infection Prevention and Control (IPAC) Lead, Social Worker (SW), Personal Support Workers (PSWs), acting Food Service Manager (FSM), dietary aides, Substitute Decision Makers (SDMs) and residents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Continence Care and Bowel Management
Food Quality
Infection Prevention and Control
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home
Skin and Wound Care**



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

2 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 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 has failed to ensure that a resident exhibiting altered skin integrity, including pressure ulcers, 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.

A complaint was received via the Ministry of Health and Long-term Care (MOHLTC) INFOLINE, on an identified date. The complainant stated when resident #016 was in hospital, he/she had altered skin integrity that was not being addressed by the home.

A review of resident #016's progress notes revealed the resident was hospitalized on an identified date. At this time the resident's skin was intact. Resident #016 returned to the home on another identified date with an alteration in his/her skin integrity.

A review of resident #016's written plan of care revealed a treatment regimen for two areas of altered skin integrity was in place. A review of the skin and wound assessment records, by an electronic wound documentation system, revealed resident #016 received weekly assessments for one area of the skin alteration, but not the other.

Interviews with Registered Nurse (RN) #106 and the skin and wound co-ordinator identified that one area of the altered skin was not assessed using the electronic wound documentation system designed for skin and wound assessment as per the home's expectation. [s. 50. (2) (b) (i)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



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Specifically failed to comply with the following:

- s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**
- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures are implemented to ensure that there is a process to report and locate residents' lost clothing and personal items.

A complaint was received via the MOHLTC INFOLINE regarding an identified item of clothing belonging to resident #046. The complaint was received from resident #046's relative.

A review of email correspondence between the complainant and the Director of Care (DOC), revealed the home was aware of the missing clothing item. A telephone interview conducted with the complainant on April 14, 2017, confirmed that the complainant did not receive any response from the home concerning the missing clothing item.

A record review of the home's Quality Improvement Program (reviewed March 17, 2017) revealed that when a clothing item is reported missing a Client Service Response (CSR) form needs to be completed, a search for the missing item is to be executed and the complainant is to be contacted to discuss the outcome. The home is expected to keep a record of each CSR form.

A review of the CSR form binder revealed there was no CSR form for the reported missing clothing item. An interview with the Social Worker (SW) confirmed the home did not complete the CSR form and did not conduct a search for the missing item. He/she confirmed that the home did not implement the developed process to locate the missing item of clothing.

An interview with the DOC confirmed that in regards to resident #046, the home did not follow the home's process to locate the fur coat. A CSR form was not filled out, the complainant was not notified and records were not kept on file. [s. 89. (1) (a) (iv)]



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Issued on this 27th day of April, 2017

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

Original report signed by the inspector.