

**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
Sep 27, 2021	2021_754764_0016	008739-21	Complaint

Licensee/Titulaire de permis

Cedarvale Terrace LTC Inc. as general partner of Cedarvale Terrace LTC Limited Partnership

c/o All Seniors Care Living Centres 175 Bloor Street East, Suite 601 Toronto ON M4W 3R8

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

NAZILA AFGHANI (764)

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 27, 30, 31, September 1, 2, 7, 8, 9, 13, 14 and 15, 2021.

The following intake was completed as part of the complaint inspection:

- Log #008793-21 related to recreation and social activities, personal care and visitation.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Program Manager (PM), Registered Dietitian (RD), Infection Prevention and Control (IPAC) Manager, Environmental Manager (EM), Housekeepers, Program Therapist, Physiotherapist (PT), Unit Managers (UM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents and Family Members.

During the course of this inspection, the inspector conducted a tour of the long-term care home, conducted observations, including the home's processes, staff-resident interactions and resident care provision; and reviewed residents' and home's records, relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Recreation and Social Activities**

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

1 WN(s)

1 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 O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

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1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including interventions and resident #002, #003 and #004's responses to interventions, were documented.

Per O. Reg. 79/10, s. 65 (2) (b), the organized recreational and social activities program for the home required under subsection 10 (1) of the Act requires that the program includes the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends.

Resident #003 was to be encouraged to participate in three to four recreation activities per week. Resident #003's activity records for eight months, showed that the resident participated in less than three to four activities in a total of eight weeks.

Resident #004 was to be encouraged to participate in two to three recreation activities per week. Resident #004's activity records for eight months, showed that the resident participated in less than two to three activities in a total of twenty-four weeks.

Resident #002 was to be encouraged by staff to participate in activities through the use of one to one (1:1) activities. Resident #002's activity records for eight months, showed that the resident #002's participation through the use of (1:1) activities was not documented in a total of nine weeks.

The Program Manager (PM), stated the review of Multi- Day participation reports for residents #002, #003 and #004 indicated that there was reduced participation of the residents in these activities.

The ED stated that resident #003 was offered several activities and video calls with family, and 1:1 visits, but agreed that there were no documentation. The ED stated all the participation or refusals should have been documented for residents, but they were not.

Sources: Resident #002, #003 and #004's clinical documents, activity PRO Multi- Day Participation reports, observations on resident #002, #003 and #004's home area and room, interviews with Program Manager (PM), and the ED.

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 any actions taken with respect to a resident under a program, including interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 28th day of September, 2021

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

Original report signed by the inspector.