

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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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 1, 2022	2022_941746_0007	014261-21, 014364- 21, 017459-21, 019691-21, 000966- 22, 000990-22, 001703-22, 001989-22	Complaint

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**Licensee/Titulaire de permis**

Royal Canadian Legion District 'D' Care Centres  
59 Lawson Rd Toronto ON M1C 2J1

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

Tony Stacey Centre for Veterans' Care  
59 Lawson Road Toronto ON M1C 2J1

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

AMANDEEP BHELA (746), NICOLE LEMIEUX (721709)

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**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): March 1-4, 8-11,14 and 15, 2022.**

**Three logs related to abuse**

**Two logs related to falls, privacy and skin and wound.**

**Two logs related to care concerns**

**During the course of the inspection, the inspector(s) spoke with Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Nurse Managers, Physiotherapist (PT), Housekeeper, Director of Care/ IPAC Lead, Executive Director, complainants and residents.**

**During the course of the inspection, the inspector(s) toured resident home areas, observed staff to resident interactions, reviewed clinical health records, investigation files, staff schedules, and discussed relevant home policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Infection Prevention and Control**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Skin and Wound Care**

**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 O.Reg 79/10, s. 49. Falls prevention and management**

**Specifically failed to comply with the following:**

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

The home failed to ensure that when resident #004 had fallen, that the resident had been assessed and, a post-fall assessment had been conducted using a clinically appropriate assessment instrument specifically designed for falls.

Record review for resident #004 indicated that the resident had fallen on three identified dates, further review of the records indicated that no post fall assessment was completed for each of the falls.

Nurse Manager #116 and Director of Care acknowledged in an interview that the post fall assessment was not completed on the above identified dates. Failure to complete the post fall assessment prevents the team to assess, discuss and capture key information and interventions with the team at the time of the fall.

Sources: Record review for resident #004 and Interview with Nurse Manager #116 and Director of Care.

***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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

Multiple observations on March 1 and March 2, 2022, were made whereby residents were not offered or provided hand hygiene both before and after their meals. Also, on March 1, 2022, a staff member was noted to exit an elevator with two residents' when the maximum capacity in the elevator was noted to be two individuals.

During an interview with the Director of Care and IPAC Lead they stated that it was the home's expectation that resident's hands were sanitized before and after meals. Interview with the DOC also confirmed that social distancing protocols had not changed, and the staff member should have exited the elevator to promote physical distancing. These actions increase the risk of transmitting infection throughout the home.

Sources: Observations and interviews with the DOC/IPAC Lead and other staff. [s. 229. (4)]

***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 all staff participate in the implementation of the program, to be implemented voluntarily.***

**Issued on this 1st day of April, 2022**

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

**Original report signed by the inspector.**