Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: April 8, 2025

Inspection Number: 2025-1498-0002

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: Royal Canadian Legion District 'D' Care Centres

Long Term Care Home and City: Tony Stacey Centre for Veterans' Care, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25 - 28, 31, 2025 and April 1, 3, 8, 2025.
The inspection occurred offsite on the following date(s): April 2, 4, 7, 2025.

The following intake(s) were inspected:
-Intake-Related to a disease outbreak.
-Intake-Follow-up #3-CO#002-FLTCA, 2021-s. 19 (1) (c), CDD September 30, 2024.
-Intake-Complaint related to allegations of neglect
-Intake-Related to allegations of abuse.
-Intake-Complaint related to pain management.
-Intake-Related to allegations of abuse.
-Intake-Related to a fall incident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1498-0001 related to FLTCA, 2021, s. 19 (1) (c)

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

Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: RESIDENTS' BILL OF RIGHTS
NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

According to Personal Health Information Protection Act (PHIPA), 2004, s. 4 (1) (b), defines "personal health information", subject to subsections (3) and (4), as identifying information about an individual in oral or recorded form, if the information relates to the providing of health care to the individual, including the

identification of a person as a provider of health care to the individual.

PHIPA, 2004, subsections (3) and (4), defines a "health information custodian", as a person who operates a long-term care home within the meaning of the Fixing Long-Term Care Act, 2021.

The licensee has failed to ensure that a resident's right to have their personal health information, within the meaning of the Personal Health Information Protection Act (PHIPA), 2004, was kept confidential in accordance with that Act.

A Critical Incident Report (CIR) was received by the Director for a complaint related to an allegation of resident-to-resident abuse.

Review of the home's complaint response letter confirmed that it included personal health information of a resident.

The Administrator confirmed that the home's response letter did include personal health information of a resident and that the home did not ensure the resident's confidentiality of personal health information.

Sources: A CIR, complainant email, the home's complaint response letter, and an interview with staff.

WRITTEN NOTIFICATION: PLAN OF CARE
NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of care for a resident collaborated with each other.

A resident's health records indicated that an assessment was conducted, and their results were analyzed in accordance with a specific policy of the home.

A Registered Nurse (RN) and Personal Support Worker (PSW) both confirmed that the resident's assessment results were not communicated to direct care staff.

The resident sustained an unwitnessed fall, resulting in hospitalization and the resident passed away in hospital.

Sources: A resident's clinical health records, the home's specific policy, and interviews with staff.

WRITTEN NOTIFICATION: DUTY OF LICENSEE TO COMPLY WITH PLAN
NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan.

A CIR was received by the Director related to an incident of resident-to-resident abuse.

Review of a resident's care plan confirmed indicated interventions that were to be in place for the resident. Inspector observed that the resident's indicated

interventions were not in place.

A Registered Practical Nurse (RPN) confirmed that the interventions would be effective for the resident and that they would immediately ensure that they were put in place.

Sources: A CIR, a resident's clinical health records, Inspector observations, and an interview with staff.

WRITTEN NOTIFICATION: WHEN REASSESSMENT, REVISION IS REQUIRED
NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
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,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

1. The licensee failed to ensure that a resident's plan of care was revised when their pain management care needs changed.

The licensee's Pain management policy directed that a resident's plan of care was to be updated when the resident's condition and pain management care needs changed.

Review of a resident's plan of care confirmed that it was not updated with a recent diagnosis and when the resident's pain management care needs changed.

Sources: A resident's clinical health records, the home's Pain Management policy, and interviews with staff.

2. The licensee has failed to ensure that when a resident was reassessed, the plan of care was 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 was no longer necessary.

A CIR was received by the Director related to an incident of resident-to-resident abuse.

Review of a resident's plan of care indicated that their care plan was not updated when their care needs changed or when care set out in the plan was no longer necessary.

An RPN confirmed that the resident's care plan was not updated when the resident's care needs changed or when the care set out in their plan was no longer necessary. Furthermore, the RPN confirmed that the home was behind on ensuring that resident's care plans were up to date due to staffing.

Sources: A CIR, a resident's clinical health records, and interviews with staff.

WRITTEN NOTIFICATION: DOORS IN A HOME
NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked.
The licensee has failed to ensure that all doors leading to stairways or doors that residents do not have access to are kept closed and locked.

A PSW confirmed that on a specific date/time, a resident attempted to leave a home area via a non-resident access door, leading to a staircase, which was to be kept closed and locked at all times. The PSW confirmed that they were able to intervene and redirect the resident back into the home area.

Inspector observed on a home area, the non-resident access door, leading to a staircase, which required the use of a door code for entry.

The Director of Care (DOC) confirmed that they were unaware of how the resident was able to gain access via a non-resident access door, which was to be kept closed and locked at all times and was investigating the incident.

Sources: Inspector observation, and interviews with staff.

WRITTEN NOTIFICATION: CARE PLAN
NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 7.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living.

The licensee has failed to ensure that a resident's plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to a resident's physical functioning, and the type and level of assistance that is required related to activities of daily living (ADLs).

A resident's care plan did not include ADLs nor that the resident required the use of a certain intervention as indicated in their Physiotherapy (PT) assessment.

The PT and DOC, both confirmed that the resident's care plan should have included ADL's and that they required the use of a certain intervention.

Sources: A resident's clinical health records, and interviews with staff.

WRITTEN NOTIFICATION: DRESS
NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 44
Dress
s. 44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

The licensee has failed to ensure that each resident of the home was dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing.

Review of a resident's progress notes for a specific date/time, indicated that the resident was dressed by PSWs, which was not the resident's preference nor their own clean clothing.

An RN confirmed that the PSWs did not dress the resident in their own personal clothing because they could not find them.

Sources: A resident's clinical health records, and an interview with staff.

WRITTEN NOTIFICATION: PAIN MANAGEMENT
NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.

Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices, and assistive aids.
The licensee failed to provide strategies for pain management for a resident.

A resident indicated that they required a specific route of pain medication to manage their pain. An RPN and the DOC both confirmed that the specific route of the pain medication was not available to manage the resident's pain when it was not reordered.

Sources: A complaint, a resident's clinical health records, the home's Pain Management Policy, interviews with a resident's family member, and interviews with staff.

WRITTEN NOTIFICATION: LAUNDRY SERVICES
NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 95 (1) (c)
Laundry service
s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours.

The licensee has failed to ensure that as part of the organized program of laundry services under clause 19 (1) (b) of the Act, that the home ensured that linen was kept clean and sanitary.

Inspector observed on a specific date/time, that the home's linens were stored haphazardly on shelves and intermingled with non-sanitary items, including socks,

disposable briefs, boxes of gloves and an open bottle of lotion.

A housekeeper confirmed that storing linens with such items was not sanitary.

Sources: Inspector observations and an interview with staff.

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS
NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (2)
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.

The licensee has failed to ensure to keep a documented record, of a complaint, was kept in the home that included: (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response; and (f) any response made in turn by the complainant.

A CIR was received by the Director for a complaint related to an allegation of resident-to-resident abuse.

Review of a complainant's email confirmed that the home received the written complaint on a specific date/time.

Review of the home's Policy titled "LTC Complaints Policy and Procedure" confirmed that investigation documents and any documentation referred to in a complaint response letter must be kept in complaint file as evidence for compliance review.

Review of the home's complaint records binder confirmed that the records for the complaint were not kept, which was further confirmed by the DOC and Administrator.

Sources: A CIR, the home's policy, complainant email, the home's complaint records, and interviews with staff.

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS
NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (3) (c)
Dealing with complaints
s. 108 (3) The licensee shall ensure that,
(c) a written record is kept of each review and of the improvements made in response.

The licensee has failed to ensure that documented complaint records were reviewed and analyzed for trends, and a written record was kept of each review and of the improvements made in response.

The Administrator confirmed that the home's complaints were analyzed for trends on a quarterly basis and that the complaints analysis written records were included in the home's Meeting Minutes that were provided to the Inspector.

Review of the home's Meeting Minutes confirmed that there were no complaint's analysis written records for each review and of the improvements made in response.

Sources: The home's Meeting Minutes, and an interview with staff.

WRITTEN NOTIFICATION: MEDICATION MANAGEMENT SYSTEM
NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee failed to ensure their written policies related to medication management systems were implemented, for a resident.

A resident and their family member complained that they did not receive pain medication as requested when nursing staff failed to reorder it.

The DOC indicated the home had policies for ordering medications and restocking the Emergency Stock Box and acknowledged that the nursing staff did not follow the policies.

Sources: A complaint, the home's medication policies, interviews with a resident's family member, and interviews with staff.

WRITTEN NOTIFICATION: RETAINING OF PHARMACY SERVICE PROVIDER
NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 128 (4) (a)
Retaining of pharmacy service provider

s. 128 (4) The written contract must provide that the pharmacy service provider shall,
(a) provide drugs to the home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the Drug and Pharmacies Regulation Act.

The licensee failed to retain a pharmacy service provider for the home that provided drugs to the home on a 24-hour base, seven days a week.

A resident indicated they were informed that nursing staff forgot to reorder their pain medication, and that it was not available as the pharmacy was closed.

An RN and RPN both confirmed that the pharmacy did not provide the medication because it was after hours and medications were not provided on 24 hours per day, seven days per week basis.

Sources: A complaint, the home's Pharmacies Service Agreement, and interviews with staff.

NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.
Complied Intake: #00137400 -Follow-up #: 3 - CO#002/2024-1498-0001, FLTCA, 2021 - s. 19 (1) (c), CDD September 30, 2024.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the

Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702