

**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**Toronto Service Area Office  
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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>
Dec 11, 2020	2020_650565_0016	003307-20, 015053- 20, 022842-20	Critical Incident System

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**Licensee/Titulaire de permis**Mon Sheong Foundation  
36 D'Arcy Street Toronto ON M5T 1J7**Long-Term Care Home/Foyer de soins de longue durée**Mon Sheong Home for the Aged  
36 D'Arcy Street Toronto ON M5T 1J7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MATTHEW CHIU (565)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 20, 23-26, 30, and December 1-3, 2020.**

**The following intakes were completed in this Critical Incident System (CIS) inspection:**

**Log #003307-20 and Log #022842-20 were related to falls prevention and management; and**

**Log #015053-20 was related to an injury to a resident.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DORC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and Residents.**

**During the course of the inspection, the inspector observed resident and staff interactions, and reviewed clinical health records, home's policies and procedures, and other documents.**

**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.**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**
- 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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #002's written plan of care set out the planned care for the resident.

Resident #002 sustained an injury from a fall and was transferred to the hospital. After they returned to the home, they continued to fall six times during six-month period.

During this six-month period, the home had started a planned care to prevent the resident's falls. The resident's written plan of care did not set out this care until after the resident's last fall.

Sources: Observations, resident #002's progress notes and care plan; and interviews with PSW, DORC and other staff. [s. 6. (1) (a)]

2. The licensee has failed to ensure that the care set out in resident #001's plan of care was provided to the resident as specified in the plan.

Resident #001 was transferred to the hospital after a fall, and the home implemented several falls prevention strategies for the resident upon their return.

Subsequently, the resident had another hospital admission and returned to the home several days later. Upon their return in the afternoon, one of the falls prevention strategies was not provided to the resident until the end of the day shift the next day.

Sources: Resident #001's progress notes and care plan; and interviews with PSW, DORC and other staff. [s. 6. (7)]

***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:***

- there is a written plan of care for each resident that sets out the planned care for the resident; and***
- the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 14th day of December, 2020**

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

**Original report signed by the inspector.**