



**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
Nov 9, 2016	2016_235507_0016	031095-16	Resident Quality Inspection

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 RICHMOND HILL LONG TERM CARE CENTRE
11199 YONGE STREET RICHMOND HILL ON L4S 1L2

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

STELLA NG (507), ADAM DICKEY (643)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 31, November 1, 2, 3, 4, 7 and 8, 2016.

The following Critical Incident System Inspections were inspected:

Log #024477-16 related to Prevention of Abuse

Log #028678-16 related to Fall Prevention and Management

Log #028847-16 related to Plan of Care

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DORC), Registered Dietitian, (RD), Registered Nurse(s) (RN), Registered Practical Nurse(s) (RPN), Personal Support Worker(s) (PSW), Social Service Manager (SSM), Maintenance Worker (MW), Private Sitter, Resident (s) and Substitute Decision Maker(s) (SDM).

During the course of the inspection, the inspectors conducted observations of residents and home areas, staff and resident interactions, provision of care, medication administration, infection control prevention and practice, reviewed clinical health records, minutes of Residents' and Family Councils meetings, and relevant policy and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Residents' Council



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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is equipped with a resident-staff communication system and response system that can be easily seen, accessed and used by residents, staff, and visitors at all times.

Observations of an identified unit on an identified date, revealed a room located at one end of the unit. This room was observed to not be equipped with a lock, and was accessible to residents on the unit. A resident-staff communication panel was located on one wall in this room, however the panel was blocked by a piano standing approximately one meter tall, and extending from the wall approximately one meter.

Interview with RN #126 on the same day, revealed that this room was accessible to residents on the unit. RN #126 further stated that this staff-resident communication panel was not easily accessible to residents as it was blocked by the piano.

Observations of the same identified unit eight days later revealed the communication panel in the above mentioned room was still blocked by the piano and inaccessible to residents.

Interview with RN #115 revealed that this communication panel should be accessible to residents as the room is unlocked and residents access the room to borrow books from the library located in the room. RN #115 indicated that this was a safety issue for the residents of the unit and would alert management to the issue.

Interview with the Administrator on the same day confirmed that this communication panel should be accessible to residents who are able to access the above mentioned room. He/she stated that staff had not made him/her aware of this issue prior. In this case the licensee has failed to ensure that the home is equipped with a resident-staff communication system and response system that can be easily seen, accessed and used by residents, staff, and visitors at all times. [s. 17. (1) (a)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.
Powers of Residents' Council**



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Record review of the Residents' Council meeting minutes for three identified dates revealed concerns or recommendations were raised during the meetings.

Interview with the Residents' Council Chair revealed the Residents' Council did not receive any written respond from the home for any of the concerns or recommendations raised in the above mentioned meetings.

Interview with the Social Service Manager (SSM), the appointed Residents' Council Assistant, revealed he/she was not aware of the requirement of providing written respond to the Residents' Council related to concerns or recommendations raised by the Residents' Council. The SSM confirmed that written response was not provided to the Residents' Council for the concerns or recommendations raised at the above mentioned meetings. [s. 57. (2)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use.

On an identified date at an identified time, the inspector observed an unlocked and unattended medication cart in the hallway near an identified room in an identified unit. Interview with RN #115 revealed he/she was in the mentioned identified room administering medication to the resident and he/she forgot to lock the medication cart prior to leaving the medication cart unattended.

On another identified date at an identified time, the inspector observed an unlocked and unattended medication cart at the entrance of the dining room in another identified unit. Interview with RPN #100 revealed prior to leaving the medication cart unattended, he/she pushed the lock half way in and did not realize the medication cart was not locked.

Interview with RN #124, back-up Director of Resident Care, confirmed that the medication carts should be locked when unattended. [s. 130. 1.]



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Issued on this 22nd day of November, 2016

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

Original report signed by the inspector.