



**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
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 27, 28, Oct 1, 2012	2012_159178_0002	Complaint

Licensee/Titulaire de permis

NISBET LODGE
740 Pape Avenue, TORONTO, ON, M4K-3S7

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

NISBET LODGE
740 PAPE AVENUE, TORONTO, ON, M4K-3S7

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer, Director of Care (DOC), Director of Food Services, Registered Staff, Personal Support Workers (PSWs), Dietary Staff, residents, family members of residents.

During the course of the inspection, the inspector(s) observed resident care, observed a dining experience, reviewed resident records, reviewed home records.

The following LOGs were inspected during this inspection:
T-2861-11 and T-0226-12

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management

Dining Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

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 failed to ensure that care set out in the continence plan of care for Resident # 3 was provided as specified in the plan.
The resident's plan of care specifies that he/she will be toileted at the following times:
07:50-08:50, 10:40-11:30, 14:00-14:30, 16:00-16:30, and 20:00 hours.
An identified PSW confirmed that when she cares for this resident she toilets the resident in the morning and again before the resident's 1230h lunch. The PSW confirmed that she does not toilet the resident again between 12:30 and when her shift ends at 15:00h.

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 the care set out in the continence plans of care for all residents is provided as specified in the plans, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

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;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(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. Licensee failed to ensure that the home is equipped with a resident-staff communication and response system that:

- can be easily seen, accessed and used by residents, staff and visitors at all times
- allows calls to be cancelled only at the point of activation
- is available in every area accessible by residents
- when activated, clearly indicates where the signal is coming from

[r.17(1)(a)(c)(e)(f)]

Observations and staff interviews confirm that:

- the common rooms on each unit of the home are not equipped with a resident-staff a communication and response system other than a telephone.
- the resident-staff communication and response system in the home allows calls to be cancelled at a location other than the point of activation.
- the resident-staff communication and response system in the home is activated by a remote control which can be used throughout other areas of the home. When activated, it will always indicate the alarm came from within the room of the resident to whom the remote control belongs, even if the resident is not calling from their room. Therefore, when activated, the system does not clearly indicate where the signal is coming from.
- the call bell in the bathroom of room 1155 is hung on a nail approximately three feet above the level of the toilet seat, making it inaccessible to a resident using the toilet.

Please note that the DOC and Chief Executive Officer informed the inspector that the home is in the process of installing a new resident-staff communication system which will comply with the Long Term Care Home's Act. Installation of this new system is expected to be completed in December 2012.

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 the home is equipped with a resident-staff communication and response system that

- can be easily seen, accessed and used by residents, staff and visitors at all times***
- allows calls to be cancelled only at the point of activation***
- is available in every area accessible by residents***
- when activated, clearly indicates where the signal is coming from, to be implemented voluntarily.***

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (2) The licensee shall ensure that,

(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident who requires assistance with eating is served his/her meal only when someone is available to provide assistance.

During the lunch meal on September 27, 2012, the inspector observed Resident # 1 sitting at the dining room table with a bowl of soup in front of the resident and no one to assist him/her.

Staff interview confirmed that the resident requires assistance and that his/her soup was in front of the resident for approximately 5 minutes before staff began to assist the resident.

A paid companion of another resident informed the inspector that the soup was in front of the resident 10 minutes before anyone assisted the resident.

r.73.(2)(b)



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Issued on this 1st day of October, 2012

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

Auson Liu (178)