



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
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Direction de l'amélioration de la  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 16, 2013	2013_159178_0011	T-42-13/T- 121-13	Complaint

**Licensee/Titulaire de permis**

848357 ONTARIO INC.  
33 Christie Street, TORONTO, ON, M6G-3B1

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

THE O'NEILL CENTRE  
33 CHRISTIE STREET, TORONTO, ON, M6G-3B1

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

SUSAN LUI (178)

**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): June 6,7,11,12,14, July 4, 10, 2013**

**During the course of the inspection, the inspector(s) spoke with Director of Nursing (DON), Social Service Worker, Evening Nurse Manager, registered dietitian (RD), registered staff, personal support workers (PSWs), residents, family members of residents.**

**During the course of the inspection, the inspector(s) observed resident care areas and resident care, reviewed resident records and home records.**

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

**Accommodation Services - Maintenance**

**Admission Process**

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Personal Support Services**

**Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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**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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every resident's right to be treated with courtesy and respect and in a way that fully recognizes their individuality and respects their dignity is respected.

Family and resident interviews confirm that staff on the 2nd floor frequently walk into residents' bathrooms without knocking, and interrupt the residents while using the toilet in order to obtain water, basins and other supplies from the bathroom. [s. 3. (1) 1.]



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**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 every resident's right to be treated with courtesy and respect is respected, particularly in regards to knocking before entering a resident's bathroom, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity who was assessed by a registered dietitian who is a member of the home, had the changes made to the resident's plan of care related to nutrition and hydration implemented.

Resident # 1 was assessed by the home's registered dietitian (RD) on January 7, 2013, and the RD recommended increasing one of the dietary supplements that the resident was receiving. Staff interviews and resident records confirm that this change was not implemented, and the resident did not receive the recommended increase in the dietary supplement. [s. 50. (2) (b) (iii)]



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***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 exhibiting altered skin integrity is assessed by a registered dietitian who is a member of the home, the changes made to the resident's plan of care related to nutrition and hydration are implemented, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair.

Family and staff interviews confirmed that in March 2013 resident # 2 was provided with a commode which did not contain properly functioning brakes. The resident's family noted the defective brakes and alerted the home's Director of Nursing (DON), who removed the defective commode from use.

Interview with the DON confirmed that the home does not have a procedure in place to regularly check that commodes are functioning properly and safely, apart from the expectation that front line staff will check the brakes before using the commode and remove it from service if it is found to be defective. [s. 90. (2) (b)]





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***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 procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.**



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

- s. 78. (2) The package of information shall include, at a minimum,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**
  - (b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**
  - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**
  - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)**
  - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)**
  - (h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)**
  - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
  - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**
  - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)**
  - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)**
  - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)**
  - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)**



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**(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)**

**(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)**

**(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)**

**(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the admission package includes the home's policy to promote zero tolerance of abuse and neglect of residents.

Review of the home's admission package confirmed that the home's admission package does not include the home's policy to promote zero tolerance of abuse and neglect of residents. The package does contain a statement explaining that if you would like to review the full policy on Resident Abuse and Neglect-Zero Tolerance, please see the Public Documents Binder located at the reception desk. [s. 78. (2) (c)]

2. Review of the home's admission package revealed that the package does not include the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy. [s. 78. (2) (g)]

3. Review of the home's admission package confirmed that the package does not include the name and telephone number of the licensee.

The home's Social Services Worker ensured that the above items were added to the admission package after being notified of the requirement. [s. 78. (2) (h)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.**





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

**s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:**

**3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation. O. Reg. 79/10, s. 224 (1).**

**s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:**

**8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).**

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**Findings/Faits saillants :**

1. Review of the home's admission package revealed that it does not include the resident's obligation to pay accommodation charges during a medical, psychiatric, vacation or casual absence from the home. [s. 224. (1) 3.]

2. Review of the home's admission package revealed that it does not include the hours of service of the Ministry's toll-free telephone number for making complaints about the home.

The home's Social Services Worker ensured that the above items were added to the admission package after being notified of the requirement. [s. 224. (1) 8.]

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**Issued on this 18th day of July, 2013**

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

*Auson Liu (178)*