



**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  
performance du système de santé  
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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>
Sep 19, 2013	2013_049143_0045	O-000258- 13	Complaint

**Licensee/Titulaire de permis**

TORONTO LONG-TERM CARE HOMES AND SERVICES  
55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6

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

SEVEN OAKS  
9 NEILSON ROAD, SCARBOROUGH, ON, M1E-5E1

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

PAUL MILLER (143)

**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): August 14th, 15th and 16th, 2013.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Assistant Administrator, the Director of Nursing, three Nurse Mangers, residents and family members.

During the course of the inspection, the inspector(s) reviewed resident health care records inclusive of plans of care, progress notes, assessments, complaint policies and procedures and complaints management system logs.

The following Inspection Protocols were used during this inspection:  
Dignity, Choice and Privacy  
Reporting and Complaints

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.)

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. 22. Licensee to forward complaints**

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

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits saillants :**

1. On a specified date a letter of complaint was received addressed to the homes Administrator. The letter addressed concerns in respect of resident #1. On August 15th, 2013 the Administrator confirmed with the inspector that a copy of the written complaint dated had not been forwarded to the Director (Ministry of Health and Long Term Care).

The licensee has failed to comply with the Long Term Care Homes Act by not immediately forwarding all written complaints received. [s. 22. (1)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**



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Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

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**Findings/Faits saillants :**

1. A review of Resident #1, #2 and #3 plan of care indicated that sleep patterns and preferences were not identified.

The licensee has failed to comply with Ontario Regulation 79/10 by not ensuring that the plan of care identifies resident sleep patterns and preferences. [s. 26. (3) 21.]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

s. 101. (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; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(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; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).



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**Findings/Faits saillants :**

1. On a specified date a letter of complaint was received addressed to the homes Administrator. The Nurse Manager was interviewed and indicated that a resident care conference was held and discussion were held in respect of issues identified within this letter. The response was provided approximately four months after the letter of complaint was received.

The licensee has failed to comply with Ontario Regulation 79/10 section 101. (1) 1. by failing to provide a response within 10 business days. [s. 101. (1) 1.]

2. On a specified date a letter of complaint was received addressed to the homes Administrator. The letter addressed concerns in respect of resident #1's bedroom as well as the manner in which an employee conducted them self in front of the resident. On August 15th, 2013 the administrator's 2012 complaint management log system was reviewed. This log system did not identify the complaint lodged by resident's #1 SDM. The administrator was unable to provide the inspector with a documented record of the nature of the complaint, date the complaint was received, what actions were taken to resolve the complaint, the final resolution, date on which a response was provided to the complainant and responses made by the complaint.

The licensee has failed to comply with Ontario Regulation 79/10 section 101. (2) by not ensuring that a documented record is kept in the home for all written and verbal complaints. [s. 101. (2)]

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Issued on this 1st day of October, 2013

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

*Lyne Duchesne #117 RN for  
Paul Miller #143 RN.*