



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**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
Direction de l'amélioration de la
performance et de la conformité**

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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
Sep 29, 2014	2014_321501_0013	T-973-14	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

SUSAN SEMEREDY (501), NITAL SHETH (500)

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): July 28, 29, 31, August 1, 4, 5, 6, 7, 8, 11, 12, 13, 14, 2014.

This inspection was conducted concurrently with the RQI inspection #T-000137-14.

During the course of the inspection, the inspector(s) spoke with the administrator, assistant administrator, acting director of care, nurse managers, registered nursing staff, personal care aides (PCA), house keeping staff, maintenance staff, residents, and family members.

During the course of the inspection, the inspector(s) residents' care areas, reviewed home records for policies and procedures and resident's records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Dignity, Choice and Privacy

Pain

Personal Support Services

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.



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>Legendé</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).**

Findings/Faits saillants :



1. The licensee failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

Interview with resident #9 revealed that he/she has impaired vision and does not feel that the staff understand this impairment as they keep encouraging him to wear his glasses.

Record review revealed that the resident was assessed upon admission to have moderately impaired vision. Review of one section of resident #9's plan of care revealed he has adequate vision while in other sections of his plan of care his vision is described as impaired or problematic.

Interviews with identified PCAs revealed that they are unaware of resident #9's particular vision problems but do think his vision is somewhat impaired as he wears glasses. Interview with registered staff confirmed that they are unaware of his vision problems and his plan of care for vision needs to be better developed so that staff who provide direct care to resident #9 have clear directions. [s. 6. (1) (c)]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).

(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :



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1. The licensee has failed to ensure that the home is kept clean and sanitary.

Interview with family members of resident #9 revealed the floor in his/her room was very dirty when resident was first admitted on an identified date. During this inspection, the inspector observed that the room still had dark embedded black marks on the floor. Interview with a maintenance worker confirmed the floor in this room needed to be stripped and waxed and due to scheduling issues, they were unable to do so in a timely manner. [s. 15. (2) (a)]

Issued on this 29th day of September, 2014

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