



**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 prévue  
le Loi de 2007 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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

## **Amended Public Copy/Copie modifiée du public de permis**

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<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>
Feb 07, 2017;	2016_430644_0012 (A1)	034999-16	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

TENDERCARE NURSING HOMES LIMITED  
212 Queen Street East, Suite 202 Sault Ste Marie ON P6A 5X8

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

TENDERCARE LIVING CENTRE  
1020 McNICOLL AVENUE SCARBOROUGH ON M1W 2J6

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



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ANGIE KING (644) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**Inspector added the date by which the plan is due.**

**(A1)**

**Please submit the plan via email to [Angie.King@ontario.ca](mailto:Angie.King@ontario.ca) by February 15, 2017**

**Issued on this 7 day of February 2017 (A1)**

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

**Original report signed by the inspector.**



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ANGIE KING (644) - (A1)

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**Amended Inspection Summary/Résumé de l'inspection modifié**

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

**This inspection was conducted on the following date(s): December 28, 29, 30, 2016, January 4, 5, 6, 9, 2017.**

**The following intake was conducted concurrently with this RQI:**

**Follow up inspection Log # 005819-16 related to safe transferring and positioning devices or techniques.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Physiotherapist (PT), Physiotherapist Assistant, Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Social Worker (SW), housekeeping staff, residents, family, volunteers, Residents' Council Chair.**

**The inspectors conducted an initial tour of the home, observation of the provision of care, staff to resident interactions, and medication administration. The inspectors reviewed residents' health records, staffing schedules, and relevant policies and procedures, staff training records.**

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



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**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Personal Support Services**

**Residents' Council**

**Skin and Wound Care**

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

On February 8, 2016, the home received compliance order #001 during Resident Quality Inspection (RQI) # 2016\_302600\_0001. The order directed the home to



prepare, submit, and implement a plan to ensure that staff use safe transferring techniques when assisting residents. The home was to be in compliance by February 19, 2016.

On an identified date and time, the inspector observed staff #105 transferring resident #005 from wheelchair to toilet with the assistance of a family member without using the standing lift.

Review of resident #005's most recent written plan of care, revealed that resident #005 is at high risk of falls related to specified health conditions. Further review of the written plan of care revealed resident #005 requires a standing lift with two staff extensive assistance to transfer from chair to toilet and from toilet to chair.

In an interview, resident #005 told the inspector that two staff always assist him/her for toilet transfer, and staff had never used a lift during the transfer.

In an interview, staff #105 stated that he/she had not used a standing lift for resident #005's toilet transfer. Staff #105 and #106 stated they had always transferred the resident without a standing lift as resident #005 can weight bear with support.

In interviews, staff #108 and #103 confirmed that resident #005 required two persons assistance with a mechanical lift for toilet transfer.

In an interview, staff #100 confirmed that staff had not used a safe transferring and positioning device while transferring resident #005. [s. 36.]

2. On an identified date and time, the inspector observed staff #109 while he/she transferred resident #006 from the wheelchair to the toilet without assistance; he/she had not used the standing lift.

Review of resident #006's written plan of care, under the toileting focus, revealed resident #006 is at high risk of falls related to specified medical conditions. Further review of the written plan of care and staff #108's assessment completed on a specified date, revealed resident #006 requires a standing lift with two staff, extensive assistance for toilet transfers.

In an interview, resident #006 told the inspector that one staff usually assist him/her for toilet transfer, and staff had never used a lift during the transfer.



Resident #006 also stated that he/she sometimes did not feel safe during transfers.

In an interview, staff #110 stated that he/she was called for assistance but had not provided assistance during the transfer as staff #109 had completed the transfer unassisted before he/she arrived.

In an interview, staff #107 stated that during a specified shift he/she usually transferred resident #006 from wheelchair to the toilet with the assistance of a registered nursing staff. Staff #109 stated that he/she had transferred resident #006 from wheelchair to toilet unassisted. Both staff stated they had transferred the resident without a mechanical lift. Staff #107 and #109 further stated they believed the resident required assistance with one or two persons for toilet transfer, as they had not reviewed the written plan of care prior to providing care.

In an interview, staff #103 stated that he/she assisted staff #107 to transfer resident #006 to toilet without a mechanical lift a week prior to the inspection. Staff #103 stated he/she was not aware that resident #006 required a mechanical lift for transfer. After reviewing the written plan of care, staff #103 confirmed that resident #005 required two persons assistance with a mechanical lift for toilet transfer.

In interviews, staff #108 and staff #100 confirmed that staff had not used a safe transferring device while transferring resident #006.

The scope of this finding is isolated to two residents, the severity is a potential for harm. The previous compliance history revealed a compliance order had been left under inspection # 2016\_302600\_0001 with a compliance date of Feb 19, 2016. As a result of this ongoing non-compliance, a compliance order is warranted. [s. 36.]

***Additional Required Actions:***

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".





**(A1)The following order(s) have been amended:CO# 001**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

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

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that direct care staff are provided training in falls prevention and management.

As a result of non-compliances under O. Reg. 79/10, s. 36 related to safe transferring and positioning devices or techniques when assisting residents, the home's 2016 staff education attendance records related to falls prevention and management were reviewed.

Review of the staff education attendance records for 2016, revealed that 83 per cent of direct care staff had not received training in falls prevention and management.

In an interview, staff #100 confirmed that 83 per cent of direct care staff had not received training on falls prevention and management in 2016.

[s. 221. (1) 1.]

***Additional Required Actions:***



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***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 direct care staff are provided training in  
falls prevention and management, to be implemented voluntarily.***



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**Issued on this 7 day of February 2017 (A1)**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Ministère de la Santé et des  
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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
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foyers de soins de longue durée, L.  
O. 2007, chap. 8

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** ANGIE KING (644) - (A1)

**Inspection No. /**

**No de l'inspection :** 2016\_430644\_0012 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** 034999-16 (A1)

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Feb 07, 2017;(A1)

**Licensee /**

**Titulaire de permis :** TENDERCARE NURSING HOMES LIMITED  
212 Queen Street East, Suite 202, Sault Ste Marie,  
ON, P6A-5X8

**LTC Home /**

**Foyer de SLD :** TENDERCARE LIVING CENTRE  
1020 McNICOLL AVENUE, SCARBOROUGH, ON,  
M1W-2J6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Francis Martis



**Order(s) of the Inspector**

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foyers de soins de longue durée, L.  
O. 2007, chap. 8

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To TENDER CARE NURSING HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
<b>Linked to Existing Order / Lien vers ordre existant:</b>	2016_302600_0001, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

**Order / Ordre :**

(A1)

The licensee shall prepare, submit and implement a plan to ensure that staff uses safe transferring and positioning techniques when assisting all residents.

This plan shall include, at a minimum, the following elements:

1. Process to ensure front line staff complies with the home's transfer and lifts policies, and with residents' individual plans of care.
2. Education for all direct staff including:
  - the different types of transfer methods that can be used with residents,
  - the manner in which identified transfer methods are to be used to ensure resident safety,
3. A system to randomly audit resident transfer practices to ensure:
  - transfer methods in place have been guided by residents' individual care planned needs.

Please submit the plan via email to [Angie.King@ontario.ca](mailto:Angie.King@ontario.ca) by February 15, 2017

**Grounds / Motifs :**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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On an identified date and time, the inspector observed staff #109 while he/she transferred resident #006 from the wheelchair to the toilet without assistance; he/she had not used the standing lift.

Review of resident #006's written plan of care, under the toileting focus, revealed resident #006 is at high risk of falls related to specified medical conditions. Further review of the written plan of care and staff #108 assessment completed on a specified date, revealed resident #006 requires a standing lift with two staff, extensive assistance for toilet transfers.

In an interview, resident #006 told the inspector that one staff usually assist him/her for toilet transfer, and staff had never used a lift during the transfer. Resident #006 also stated that he/she sometimes did not feel safe during transfers.

In an interview, staff #110 stated that he/she was called for assistance but had not provided assistance during the transfer as staff #109 had completed the transfer unassisted before he/she arrived.

In an interview, staff #107 stated that during a specified shift he/she usually transferred resident #006 from wheelchair to the toilet with the assistance of a registered nursing staff. Staff #109 stated that he/she had transferred resident #006 from wheelchair to toilet unassisted. Both PSWs stated they had transferred the resident without a mechanical lift. Staff #107 and #109 further stated they believed the resident required assistance with one or two persons for toilet transfer, as they had not reviewed the written plan of care prior to providing care.

In an interview, staff #103 stated that he/she assisted staff #107 to transfer resident #006 to toilet without a mechanical lift a week prior to the inspection. Staff #103



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stated he/she was not aware that resident #006 required a mechanical lift for transfer. After reviewing the written plan of care, staff #103 confirmed that resident #005 required two persons assistance with a mechanical lift for toilet transfer.

In interviews, staff #108 and staff #100 confirmed that staff had not used a safe transferring device while transferring resident #006.

(502)



**Order(s) of the Inspector**

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2. On an identified date and time, the inspector observed staff #105 transferring resident #005 from wheelchair to toilet with the assistance of a family member without using the standing lift.

Review of resident #005's most recent written plan of care, revealed that resident #005 is at high risk of falls related to specified health conditions. Further review of the written plan of care revealed resident #005 requires a standing lift with two staff extensive assistance to transfer from chair to toilet and from toilet to chair.

In an interview, resident #005 told the inspector that two staff always assist him/her for toilet transfer, and staff had never used a lift during the transfer.

In an interview, staff #105 stated that he/she had not used a standing lift for resident #005's toilet transfer. Staff #105 and #106 stated they had always transferred the resident without a standing lift as resident #005 can weight bear with support.

In interviews, staff #108 and #103 confirmed that resident #005 required two persons assistance with a mechanical lift for toilet transfer.

In an interview, staff #100 confirmed that staff had not used a safe transferring and positioning device while transferring resident #005.

The scope of this finding is isolated to two residents, the severity is a potential for harm. The previous compliance history revealed a compliance order had been left under inspection # 2016\_302600\_0001 with a compliance date of Feb 19, 2016. As a result of this ongoing non-compliance, a compliance order is warranted.

(502)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Mar 29, 2017





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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director



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Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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foyers de soins de longue durée, L.  
O. 2007, chap. 8

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 7 day of February 2017 (A1)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** ANGIE KING - (A1)

**Service Area Office /  
Bureau régional de services :** Toronto