



**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  
sous la Loi de 2007 sur 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

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 4, 2019	2019_644507_0005	030631-18	Follow up

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**Licensee/Titulaire de permis**

Don Mills Foundation for Seniors  
1 Overland Drive TORONTO ON M3C 2C3

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

Thompson House  
1 Overland Drive NORTH YORK ON M3C 2C3

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

STELLA NG (507)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): February 21, 22, 25 and 26, 2019.**

**During the course of the inspection, the inspector(s) spoke with Director of Nursing (DON), Assistant Director of Nursing (ADON), Registered Nurses (RNs), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), Physiotherapist (PT) and residents.**

**The inspector conducted observations of staff and resident interactions, provision of care, record review of resident and home records, staffing schedules and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Légende</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 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 has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

On November 5, 2018, the following compliance order (CO #001) from inspection



number 2018\_644507\_0020 was made under O. Reg. 79/10, s. 36:

The Licensee must be compliant with O. Reg. 79/10, s. 36.

Specifically, the Licensee must:

- 1) Ensure that for resident #001 and all other residents who require assistance with transferring; staff use safe transferring techniques to assist the resident.
- 2) Develop an auditing system in the home to ensure staff are assisting residents with transferring using safe techniques according to the resident's written plan of care.
- 3) Maintain a written record of audits conducted of transferring techniques in the home. The written record must include the date and location of the audit, the resident's name, staff members audited, equipment utilized, the name of the person completing the audit and the action required of the audit.

The compliance due date was December 28, 2018.

A) On an identified date, at an identified time, the inspector observed staff #101 and #102 transfer resident #001 from bed to chair with mechanical lift and a specific size (size A) sling.

In interviews, staff #101 and #102 stated that resident #001 required a different size (size B) sling for transfers with mechanical lift. The size A sling was used for the above mentioned transfer because size B slings were being washed. However, neither staff were able to tell the inspector how they would determine the sling size for the resident, nor where that information was located.

In an interview conducted on the same day, staff #103 stated that staff have been using size A slings for transferring an identified resident, and size B slings for transferring all other residents with mechanical lifts, including resident #001, on the identified floor. Staff #103 further stated they don't usually document the size of sling used for mechanical lift in individual resident's care plan.

In an interview conducted four days later, staff #103 stated the size of sling used for mechanical lift was based on the resident's weight, and there was a guideline indicating the recommended sling size for the body weight range of a resident.

Review of resident #001's health record indicated the resident's most recent body weight measured approximately four weeks prior, and the "sling range weight recommendation chart (GUIDE)" provided to the inspector by staff #110 indicated a "size C" sling was



recommended. This was confirmed by an interview with staff #110.

In an interview, staff #113 acknowledged it was not a safe transfer technique to use a size A sling to transfer resident #001, when the resident required a size C sling for mechanical lift transfer. In addition, staff #113 acknowledged the sling size for residents who required mechanical lift for transfer should be included in the resident's written plan of care.

B) On another identified date, at an identified time, the inspector observed staff #109 assisting resident #005 to get up from a chair. They guided the resident to walk to another chair with a mobility assistive device, and assisted the resident to turn and sit down onto another chair.

Review of the physiotherapy transfer assessment completed by staff #112 three days prior stated that the resident required two person assist for transfers.

Review of resident #005's most recent written plan of care indicated the resident required assistance from two staff to perform a manual transfer with mobility assistive device.

In an interview, staff #109 stated that resident #005 had improved in the past month, and they have been transferring the resident with one staff assistance. Staff #109 also stated the most recent care plan for the resident was not updated.

In interviews, staff #110 and #112 stated that resident #005 was assessed by staff #112 recently, and staff #112 recommended two staff assistance for transferring resident #005 for the safety of resident and staff, and the care plan was updated accordingly. Staff #112 stated to perform a one person transfer for resident #005 was not a safe transfer technique.

In an interview, staff #113 acknowledged staff #109 did not use the safe transfer technique when transferred resident #005 on the above mentioned date and time. [s. 36.]

***Additional Required Actions:***

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



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de soins de longue durée***

**Issued on this 13th day of March, 2019**

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

**Original report signed by the inspector.**



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

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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  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**Long-Term Care Homes Division  
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**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** STELLA NG (507)

**Inspection No. /**

**No de l'inspection :** 2019\_644507\_0005

**Log No. /**

**No de registre :** 030631-18

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Mar 4, 2019

**Licensee /**

**Titulaire de permis :** Don Mills Foundation for Seniors  
1 Overland Drive, TORONTO, ON, M3C-2C3

**LTC Home /**

**Foyer de SLD :** Thompson House  
1 Overland Drive, NORTH YORK, ON, M3C-2C3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Bill Trenbeth

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To Don Mills Foundation for Seniors, you are hereby required to comply with the following order(s) by the date(s) set out below:

## 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

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

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**Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /** 2018\_644507\_0020, CO #001;  
**Lien vers ordre existant:****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 :**

The Licensee must be compliant with O. Reg. 79/10, s. 36.

Specifically, the Licensee must:

- 1) Ensure that for resident #001 and all residents who require mechanical lift for transferring, that the size of the sling used for the resident is based on the manufacturer's guideline and is included in the resident's written plan of care.
- 2) Ensure that staff use safe transferring techniques to assist resident #005 and all residents who require assistance with transferring as specified in the resident's written plan of care.
- 3) Develop an auditing system in the home to ensure that all residents who require mechanical lift for transferring, that the size of the sling used for the resident is included in the resident's written plan of care.
- 4) Develop an auditing system in the home to ensure staff are assisting residents with transferring using safe techniques according to the resident's written plan of care.
- 5) Maintain a written record of audits conducted of transferring techniques in the home. The written record must include the date and location of the audit, the resident's name, staff members audited, equipment utilized, the name of the person completing the audit and the action required as the result of the audit.

**Grounds / Motifs :**

1. The Licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

On November 5, 2018, the following compliance order (CO #001) from





**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 l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

inspection number 2018\_644507\_0020 was made under O. Reg. 79/10, s. 36:

The Licensee must be compliant with O. Reg. 79/10, s. 36.

Specifically, the Licensee must:

- 1) Ensure that for resident #001 and all other residents who require assistance with transferring; staff use safe transferring techniques to assist the resident.
- 2) Develop an auditing system in the home to ensure staff are assisting residents with transferring using safe techniques according to the resident's written plan of care.
- 3) Maintain a written record of audits conducted of transferring techniques in the home. The written record must include the date and location of the audit, the resident's name, staff members audited, equipment utilized, the name of the person completing the audit and the action required of the audit.

The compliance due date was December 28, 2018.

A) On an identified date, at an identified time, the inspector observed staff #101 and #102 transfer resident #001 from bed to chair with mechanical lift and a specific size (size A) sling.

In interviews, staff #101 and #102 stated that resident #001 required a different size (size B) sling for transfers with mechanical lift. The size A sling was used for the above mentioned transfer because size B slings were being washed. However, neither staff were able to tell the inspector how they would determine the sling size for the resident, nor where that information was located.

In an interview conducted on the same day, staff #103 stated that staff have been using size A slings for transferring an identified resident, and size B slings for transferring all other residents with mechanical lifts, including resident #001, on the identified floor. Staff #103 further stated they don't usually document the size of sling used for mechanical lift in individual resident's care plan.

In an interview conducted four days later, staff #103 stated the size of sling used for mechanical lift was based on the resident's weight, and there was a guideline indicating the recommended sling size for the body weight range of a resident.

Review of resident #001's health record indicated the resident's most recent



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body weight measured approximately four weeks prior, and the "sling range weight recommendation chart (GUIDE)" provided to the inspector by staff #110 indicated a "size C" sling was recommended. This was confirmed by an interview with staff #110.

In an interview, staff #113 acknowledged it was not a safe transfer technique to use a size A sling to transfer resident #001, when the resident required a size C sling for mechanical lift transfer. In addition, staff #113 acknowledged the sling size for residents who required mechanical lift for transfer should be included in the resident's written plan of care.

B) On another identified date, at an identified time, the inspector observed staff #109 assisting resident #005 to get up from a chair. They guided the resident to walk to another chair with a mobility assistive device, and assisted the resident to turn and sit down onto another chair.

Review of the physiotherapy transfer assessment completed by staff #112 three days prior stated that the resident required two person assist for transfers.

Review of resident #005's most recent written plan of care indicated the resident required assistance from two staff to perform a manual transfer with mobility assistive device.

In an interview, staff #109 stated that resident #005 had improved in the past month, and they have been transferring the resident with one staff assistance. Staff #109 also stated the most recent care plan for the resident was not updated.

In interviews, staff #110 and #112 stated that resident #005 was assessed by staff #112 recently, and staff #112 recommended two staff assistance for transferring resident #005 for the safety of resident and staff, and the care plan was updated accordingly. Staff #112 stated to perform a one person transfer for resident #005 was not a safe transfer technique.

In an interview, staff #113 acknowledged staff #109 did not use the safe transfer technique when transferred resident #005 on the above mentioned date and time. [s. 36.]



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

The severity of this non-compliance was identified as potential for harm or risk, the scope was identified as pattern. Due to a previous compliance order was issued under inspection report #2018\_644507\_0020, a compliance order is warranted. (507)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Apr 30, 2019



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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, commercial courier 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

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

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).



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers 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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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers 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

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 4th day of March, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** STELLA NG

**Service Area Office /**

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