

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
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 rapport 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>
Dec 18, 2019	2019_766500_0029	011185-19, 012023- 19, 014991-19	Complaint

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**Licensee/Titulaire de permis**

City of Toronto  
c/o Seniors Services and Long-Term Care 365 Bloor Street East, 15th Floor TORONTO  
ON M4W 3L4

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

True Davidson Acres  
200 Dawes Road TORONTO ON M4C 5M8

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

NITAL SHETH (500), PRAVEENA SITTAMPALAM (699)

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**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): October 30, 31, November 1, 4, 6, 7, 8, 12, 13, 2019.**

**The following complaint intakes were inspected concurrently during this inspection: log #011185-19 related to unsafe transferring and positioning, #012023-19 related to continence care, #014991-19 related to concerns with skin and wound care, infection and prevention and control and plan of care.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Acting Director of Care (DOC), Nurse Managers, Registered Nursing Staff, Personal Support Workers (PSWs), Residents and Family Members.**

**During the course of the inspection, the inspector(s) conducted observations of staff and resident interactions and the provision of care, reviewed resident health records, staff training records, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours  
Skin and Wound Care**

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

**5 WN(s)**

**1 VPC(s)**

**0 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. 221. Additional training — direct care staff**

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

**s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:**

**1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff who provide direct care to residents received annual training in all the areas required under subsection 76 (7) of the Act.

As required by the Act (LTCHA, s. 76(7)) the licensee was required to ensure that all staff who provide direct care to residents receive training set out in the following paragraphs, at times or intervals provided for in the regulations: any other areas provided for in the regulations (r. 221).

Record review of the home's training record for continence care indicated that 85% of staff completed the mandatory training.

Record review of the home's training record for skin and wound management indicated that 85% of staff completed the mandatory training.

In an interview with DOC #100, they confirmed that all staff should be trained in continence care and skin and wound management. [s. 221. (2) 1.]

***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 all staff who provide direct care to residents receive annual training in all the areas required under subsection 76 (7) of the Act, to be implemented voluntarily.***

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**WN #2: 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #008's power of attorney (POA) was given an opportunity to participate fully in the resident's plan of care related to skin and wound.

In an interview with the complainant, they indicated that when resident #008 was discharged from the home, they were not informed that the resident had an impaired skin integrity.

Record review of resident #008's progress notes indicated that on an identified day, the resident was noted to have an impaired skin integrity, treatment was applied to the affected area and family would be informed.

In an interview with RPN #112, they could not recall whether or not they informed resident #008's POA regarding the altered skin integrity. They indicated that they would have documented if this was done.

In an interview with DOC #100, they indicated that the POA should have been informed of resident #008's altered skin integrity when it was noted. [s. 6. (5)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care  
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:**

**8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that for resident #008, their continence plan of care was based on an interdisciplinary assessment of the resident that included bladder and bowel elimination.

The Ministry of Long-term care (MLTC) received a complaint regarding the continence care concerns.

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Review of resident #008's interRAI home assessment indicated that the resident was frequently incontinent of urine and continent of bowels.

Record review of resident #008's care plan did not indicate any care direction regarding resident's bladder or bowel elimination. Further review of resident #008's clinical health record did not show any bowel and bladder assessments that were completed.

Review of resident #008's documentation for identified 10 days in 2019, indicated that the resident was incontinent of urine 13 times and incontinent of bowels two times during that time period.

In an interview with PSW #111, they stated they would refer to the plan of care for information regarding resident care. They further indicated that resident #008 would require reminders and prompting to use the toilet. PSW #111 indicated that resident #008 would sometimes be continent or wet at times. They could not recall what was on the plan of care for the resident for continence. They further indicated that resident #008 was on a voiding diary and would be checked and toileted or changed every two hours. PSW #111 indicated they would expect the care required for resident #008 related to continence to be on the plan of care.

In an interview with RPN #112, they stated that resident #008 should have been assessed for continence level and a plan of care should have been developed and implemented.

Record review of the home's policy titled, "Urinary Continence Management", published January 1, 2019, RC-0520-00, indicated the following:

-if resident is incontinent current, but has the potential to be continent, then develop an individualized retraining protocol. Incorporate retraining protocol into resident's plan of care.

In an interview with DOC #100, they indicated a care plan would be developed based on observations, bladder and bowel continence assessment and a three-day voiding diary. DOC #100 acknowledged that for resident #008, there was an inconsistency in the assessment of the resident and the plan of care should have consisted of how often the resident should be toileted and the type of continence products they required. [s. 26. (3) 8.]

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**WN #4: 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that for resident #008, an initial skin assessment using a clinically appropriate tool was completed.

The MLTC received a complaint regarding not being informed of altered skin integrity.

Record review of resident #008's progress notes indicated that on an identified day, the resident was noted to have altered skin integrity. Treatment was applied to the affected area.

Review of resident #008's clinical health record did not show any completed skin assessments.

In an interview with RPN #112, they indicated a skin assessment using head to toe and weekly skin assessment form would be completed for residents having altered skin integrity. They acknowledged that for resident #008, a skin assessment was not completed.

In an interview with DOC #100, they indicated that for resident #008, a skin assessment should have been completed. [s. 50. (2) (b) (i)]

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## **WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #008 received an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

The MLTC received a complaint regarding continence care.

Record review of resident #008's clinical health record did not indicate that the resident had a bowel or bladder continence assessment.

Record review of the home's policy titled, "Urinary Continence Management", published January 1, 2019, RC-0520-00, indicated the following:

- complete a continence assessment on admission; and
- if resident is incontinent current, but has the potential to be continent, then develop an individualized retraining protocol. Incorporate retraining protocol into resident's plan of care.

In an interview with Nurse Manager (NM) #113 and DOC #100, they acknowledged that resident #008 did not have a continence assessment completed. [s. 51. (2) (a)]

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**Issued on this 19th day of December, 2019**

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

**Original report signed by the inspector.**