Fiona Hoi Kwan Wong-Dip
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Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**


**Ministry of Long-Term Care**
Long-Term Care Operations Division
Long-Term Care inspections Branch

**Toronto Service Area Office**
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
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# Original Public Report

| | |
|---|---|
| **Report Issue Date:** November 16, 2022 | |
| **Inspection Number:** 2022-1590-0004 | |
| **Inspection Type:**<br>Follow up<br>Critical Incident System | |
| **Licensee:** City of Toronto | |
| **Long Term Care Home and City:** True Davidson Acres, Toronto | |
| **Lead Inspector**<br>Fiona Wong (740849) | **Inspector Digital Signature** |
| **Additional Inspector(s)**<br>April Chan (704759) | |

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 7-9, 2022

The following intakes were inspected:

- Intake: #00007902 – Critical Incident System (CIS): M586-000024-22 - related to fall causing injury
- Intake: #00008859 – Compliance Order (CO) #001 related to recreation and social activities from inspection #2022_1590_0002.

The following intakes were completed in the CIS Inspection: Intake #00013030 (CIS#M586-000004-22), Intake: #00013032 (CIS#M586-000006-22), Intake: #00013043 (CIS#M586-000022-21), Intake: #00013045 (CIS#M586-000021-21), Intake: #00013046 (CIS#M586-000010-21), Intake: #00013051 (CIS#M586-000020-22), Intake: #00013061 (CIS#M586-000013-21), Intake: #00013070 (CIS#M586-000017-21) were related to falls prevention and management.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be **CLOSED**.

| Legislative Reference | | Inspection # | Order # | Inspector (ID) who inspected the order |
|---|---|---|---|---|
| FLTCA, 2021 | s. 14 (1) | 2022_1590_0002 | 001 | 704759 |

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

Infection Prevention and Control
Recreational and Social Activities
Falls Prevention and Management

# INSPECTION RESULTS

## Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

**NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**
O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to make personal protective equipment (PPE) accessible to staff in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard).

Specifically, the licensee did not ensure that isolation gowns were supplied outside a resident's room posted with contact precautions as was required by Additional Requirement 6.1 under the IPAC Standard.

On November 9, 2022, at 0949 hours, a resident's room labelled with contact precautions had a supply of PPE in a yellow caddy that was missing isolation gowns. Contact precautions signage indicated that additional precautions required staff to don gloves and isolation gowns for direct care.

A Personal Support Worker (PSW) acknowledged that the yellow PPE caddy should have been restocked. They indicated that isolations gowns had been used throughout the morning to provide direct care to the resident. The PSW restocked the yellow PPE caddy with a package of clean isolation gowns.

Sources: observations on November 9, 2022, and interview with a PSW.

Date Remedy Implemented: November 9, 2022

[704759]

## WRITTEN NOTIFICATION: Plan of Care

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Rationale and Summary
The resident was identified to be at risk for falls and was incontinent of bladder. The resident's care plan included a specified falls prevention intervention to be implemented during the night.

On a specified day, the resident had an unwitnessed fall. A PSW stated that the above mentioned intervention was not implemented during the night.

A Nurse Manager (NM) and a PSW acknowledged that there was risk to the resident if their specified intervention was not implemented during the night as this may contribute to their falls risk. The resident sustained an injury because of the fall.

Sources: Resident's care plan, progress notes and assessment records, interviews with a PSW and a NM.

[740849]

## WRITTEN NOTIFICATION: Plan of Care

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

The licensee has failed to ensure that a resident's care plan was revised when the care set out in the plan had not been effective.

Rationale and Summary
The resident was identified to be at risk for falls. The resident's care plan goal was to reduce the number of falls from one to zero over the quarter. The resident sustained multiple falls over a quarter.

The resident's care plan was not revised after they sustained multiple falls. The home's Falls Prevention and Management policy indicated as part of the post fall management to "modify plan of care when the evaluation of interventions demonstrates that the interventions are ineffective as indicated".

A Registered Practical Nurse (RPN) and a NM indicated that the care plan should have been revised after the falls when the goal was not achieved.

The NM acknowledged that there was risk to the resident for subsequent falls and injury when the falls care plan was not revised. The resident sustained an injury because of a fall.

Sources: Resident's care plan, progress notes and assessment records, The Home's Falls Prevention and Management policy (RC-0518-21, published September 15, 2022), interviews with an RPN and a NM.

[740849]