



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

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

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

**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  
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**Public Copy/Copie du public**

<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>
Dec 28, 2012	2012_162109_0011	T-1805-12 1849-12	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**

TRUE DAVIDSON ACRES  
200 DAWES ROAD, TORONTO, ON, M4C-5M8

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

SUSAN SQUIRES (109)

**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): December 17, 18, 2012**

**This inspection corresponds with log # T1805-12 and T1849-12**

**During the course of the inspection, the inspector(s) spoke with Director of Care, Family member, Personal Support Workers, Registered Staff, Dietitian, physiotherapist.**

**During the course of the inspection, the inspector(s) Reviewed the health record for resident # 6.**

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

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.

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**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).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the written plan of care sets out the planned care for the resident, the goals the care is intended to achieve; and clear directions to staff and others who provide the care to the resident.

Resident # 6 had special instructions for the following care areas:  
Eating and nutrition which included providing a blended/puree diet when staff were feeding the resident, and alternating with a minced diet when family were feeding the resident. There was no written plan of care for these directions which sets out the planned care or the goals that the care is intended to achieve.

Toileting. According to the family the resident required daily toileting. The staff stated that the resident was not toileted. There is no written plan of care which sets out the planned care or the goals the care is intended to achieve related to toileting needs. According to the 24-hour care plan, the resident needs 1 staff constant supervision to toilet. [s. 6. (1)]

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**WN #2: 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,  
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that each resident who is incontinent has an individualized plan, as part of his or her plan of care to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented. Resident # 6 who was assessed as being incontinent of bowel and bladder functions did not have a plan of care in place to manage continence.

Staff stated that the resident was not toileted.

The 24-hour care plan stated that the resident was toileted however the staff toileting records indicate that the resident was not toileted. A regular full-time staff member confirmed that the resident was not toileted when she was in attendance with her. [s. 51. (2) (b)]



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**Issued on this 28th day of December, 2012**

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

A handwritten signature in black ink, appearing to be "J. Lee" or similar, written in a cursive style.