



**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**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 4, 2017	2017_626501_0008	002851-17	Complaint

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**Licensee/Titulaire de permis**

MON SHEONG FOUNDATION  
36 D'Arcy Street TORONTO ON M5T 1J7

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

MON SHEONG SCARBOROUGH LONG TERM CARE CENTRE  
2030 Mcnicoll Avenue SCARBOROUGH ON M1V 5P4

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

SUSAN SEMEREDY (501)

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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): March 7, 8 and 9, 2017.**

**This inspection was conducted concurrently with inspection #2017\_634512\_0004.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DORC), Food Services Supervisor, Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses, and substitute decision makers (SDMs).**

**During the course of the inspection, the inspector observed meal service, staff and resident interactions and the provision of care, and reviewed health records, complaint and critical incident record logs, staff training records, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Dining Observation  
Nutrition and Hydration  
Safe and Secure Home**

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

**2 WN(s)**

**0 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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



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

Observation on March 8, 2017, revealed resident #001 had been fed his/her dietary supplement before he/she was offered his/her meal.

Review of resident #001's written plan of care directs staff to provide the dietary supplement after eating or refusing meal.

Interview with PSW #113, 115 and RPN #114 confirmed it is the practice in the home for residents to be offered supplements after being offered their meal and in this case the care set out in the plan of care was not provided to resident #001 as specified in the plan. [s. 6. (7)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that planned menu items are available at each meal.

Interview with resident #001's SDM revealed that sometimes the menu items for pureed meals were not always available.

Observation on March 9, 2017, revealed that for both entrees at lunch pureed green beans was offered. Interview with dietary aide #116 revealed this was the only pureed vegetable available. Review of the therapeutic menu revealed that lettuce was the only pureed vegetable on the menu.

Interview with the Food Service Supervisor (FSS) revealed that the cook had not prepared pureed lettuce due to various reasons. The FSS confirmed that pureed lettuce was not available as planned. [s. 71. (4)]



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**Issued on this 5th day of April, 2017**

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

**Original report signed by the inspector.**