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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: April 4, 2023	
Inspection Number: 2023-1428-0002	
Inspection Type: Critical Incident System	
Licensee: Mon Sheong Foundation	
Long Term Care Home and City: Mon Sheong Scarborough Long Term Care Centre, Scarborough	
Lead Inspector Ana Best (741722)	**Inspector Digital Signature** Ana G. Best Digitally signed by Ana G. Best Date: 2023.04.06 13:04:46 -04'00'
Additional Inspector(s) Reethamol Sebastian (741747) Lucia Kwok (752) was present during the inspection.	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s) March 20, 21, 22, 23, and 24, 2023.

The following intake(s) were inspected:
- An intake related to staff to resident physical abuse.
- An intake related to falls.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with FLTCA, 2021, s. 25 (1)

The licensee has failed to ensure that a written policy to promote zero tolerance of abuse and neglect of residents was complied with, when a Personal Support Worker (PSW) did not follow the home's policy related to treating a resident with dignity and respect.

Rationale and Summary:

A Critical Incident Report (CIR) was submitted to the Ministry of Long-Term Care (MLTC) for alleged physical abuse towards a resident by a PSW.

The CIR indicated that a resident's Power of Attorney (POA) voiced concerns regarding care and transfer techniques during care. The home's investigation report documented that the identified PSW did not follow the home's abuse policy and treated the resident with dignity and respect.

The home's policy titled, "Abuse Policy", indicated that all residents have the right to live in a home environment that treats them with dignity, respect and free from any form of abuse or neglect at all times, and in all circumstances.

The Director of Resident Care (DORC) confirmed that an investigation was completed, and the PSW did not follow the home's abuse policy.

Failure to ensure the policy to promote zero tolerance of abuse and neglect was compiled with, increased the risk of ongoing abuse by the PSW.

Sources: CIR, home's internal investigation notes, resident's clinical records, Abuse Policy- last updated on July 2022, and interviews with PSW and DORC.

[741747]

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40

The licensee failed to ensure that staff used safe transferring and positioning techniques when a PSW was assisting a resident.

Rationale and Summary

A CIR was submitted to the MLTC related to an allegation of physical abuse towards a resident by a PSW.

Clinical records indicated that, the resident required assistance of two staff for all aspects of care due to their impaired mobility.

The CIR documented that the PSW did not use the correct transfer technique when providing care to the resident as they transferred the resident by themselves to a mobility device.

The home's internal investigation notes indicated that the PSW transferred the resident to their mobility device without the assistance of a second staff.

The DORC acknowledged that PSW did not use safe transferring techniques since the resident required two staff assistance.

Failure to utilize safe transferring techniques during care put resident at risk for fall or injury.

Sources: CIR, home's internal investigation notes, resident's clinical records, and interview with DORC.

[741747]

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (3)

The licensee failed to ensure the equipment and devices identified in the care plan for a resident related to their falls prevention and management were in place and in working condition.

Rationale and Summary

A CIR was submitted to the MLTC related to a resident's fall that led to an injury.

The resident's clinical records indicated that as part of the fall interventions, specific equipment and safety devices were to be applied.

During observation, the resident was resting in bed with only some of their falls interventions in place.

The PSW confirmed that only some of the equipment for the fall's prevention interventions were applied, but a specific safety device was not being used.

The Registered Practical Nurse (RPN) and PSW demonstrated and confirmed that a specific safety device for the resident's prevention of falls, was not in working condition, and the staff was responsible to check the device every shift.

The falls lead indicated that staff was responsible to check the functionality of equipment and devices every time they were providing care to the residents. There was no documentation available to confirm the equipment and devices were checked for functionality purposes by the staff.

Failure to ensure the resident's equipment and devices for the prevention of falls were in place and functioning appropriately, might increase the risk for falls and prevent staff to promptly respond to the resident's care needs.

Sources: CIR, resident's clinical records, observation, interviews with PSW, RPN, and falls lead.

[741722]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non- compliance with O. Reg. 246/22 s. 102 (2) (b). Infection Prevention and Control (IPAC) Standard section 9.1 (d)

The licensee has failed to ensure that Additional Precautions were followed in the IPAC program in accordance with the Standard for Long-Term Care Homes issued by the Director, dated April 2022.

Rationale and Summary

In accordance with the IPAC Standard for Long Term Care Homes, April 2022, section 9.1 (d) directs the licensee to ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At a minimum, Routine Practices shall include proper use of PPE, including appropriate selection, application, removal, and disposal.

During the inspection, a staff was observed not wearing a surgical mask upon entrance to the unit to commence their shift, while standing behind the nursing station with others in their surroundings.

The IPAC lead confirmed staff should always wear surgical masks while in the home and they were to only remove their mask in designated break rooms.

Failure to ensure masking requirements were followed by staff could lead to transmission of infection.

Sources: Observation, interview with IPAC lead.

[741722]