



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

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Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité

### Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 8, 2014	2013_102116_0060	T554/T597- 13	Complaint

#### Licensee/Titulaire de permis

Rose of Sharon (Ontario) Retirement Community  
165 Vaughan Road, TORONTO, ON, M6C-2L9

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

Rose of Sharon Korean Long Term Care  
17 Maplewood Avenue, TORONTO, ON, 000-000

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

SARAN DANIEL-DODD (116)

### 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): November 13, 14, 21, 2013, December 10, 12, 13, 2013 , January 8, 9, 14, 16, February 28, 2014 & March 4, 5, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nurse Manager, registered staff, personal support workers (PSW), residents and external translation service.**

**During the course of the inspection, the inspector(s) conducted interviews with staff and residents, observed provision of care and staff interactions with residents, reviewed resident health records, staff in-service attendance records on responsive behaviours and prevention of abuse, resident council minutes and the following home policies: zero tolerance for abuse and leave of absence.**

**The following Inspection Protocols were used during this inspection:**  
**Contenance Care and Bowel Management**  
**Dignity, Choice and Privacy**  
**Falls Prevention**  
**Prevention of Abuse, Neglect and Retaliation**  
**Responsive Behaviours**  
**Skin and Wound Care**

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



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. 101. Dealing with complaints**



Specifically failed to comply with the following:

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

- 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**
- 2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances. O. Reg. 79/10, s. 101 (1).**
- 3. A response shall be made to the person who made the complaint, indicating,
  - i. what the licensee has done to resolve the complaint, or**
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).****

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**Findings/Faits saillants :**

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of resident #1 was dealt with as follows: for those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that shall be made to the person who made the complaint, indicating, what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded and the reasons for the belief.

The Administrator confirmed not responding as required to every written or verbal complaint received for a specified period made to the licensee regarding concerns with resident #1's care [s. 101. (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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows: for those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that shall be made to the person who made the complaint, indicating, what the licensee has done to resolve the complaint, that the licensee believes the complaint to be unfounded and the reasons for the belief, 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. (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 :**



1. The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to resident #1.

Resident #1's care plan does not set out clear direction to staff and others who provide direct care to the resident related to conducting head to toe skin assessments prior to a leave of absence from the home. Resident #1's plan of care documents the potential for skin breakdown related to identified health conditions which may result in bruising. A review of resident #1's progress notes identified several entries documenting acquired bruising to different locations of the resident's body of unknown cause. Interviews held with the Director of Care (DOC), nurse manager, registered staff and personal support workers (PSW) confirm that as per the homes policy a head to toe assessment is to be conducted upon return from any leave of absence however, for resident #1, the expectation is that staff are to complete a head to toe skin assessment prior to and upon return from any leave of absence. The plan of care does not provide any direction to staff for the required skin assessments in relation to leave of absence(s). A review of resident #1's health record and interviews held with identified staff members confirmed that the head to toe skin assessments were not conducted on a consistent basis prior to leave of absence(s) for resident #1. [s. 6. (1) (c)]



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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance**

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;  
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;  
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,  
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and  
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff identifies the training and retraining requirements for all staff, including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and situations that may lead to abuse and neglect and how to avoid such situations.

- The homes zero tolerance for abuse policy does not specify the intervals required for training and retraining requirements for all staff as per subsection 76 (4) of the Act. [s. 96. (e)]



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Issued on this 8th day of May, 2014

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

S. Daniel-Dodd.