



**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 prévue
le Loi de 2007 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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Feb 28, 2017;	2017_398605_0001 (A1)	028953-16	Resident Quality Inspection

Licensee/Titulaire de permis

COPERNICUS LODGE
66 RONCESVALLES AVENUE TORONTO ON M6R 3A7

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

COPERNICUS LODGE
66 RONCESVALLES AVENUE TORONTO ON M6R 3A7

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



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SARAH KENNEDY (605) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Licensee provides chest x-rays for every resident on admission; purpose not for TB screening.

Issued on this 28 day of February 2017 (A1)

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

Original report signed by the inspector.



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SARAH KENNEDY (605) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 11, 13, 16, 17, 18, 19, 20, 23, 24, 25, 26 and 30, 2017.

The following complaint inspections were conducted concurrently with the RQI: 013788-15 (related to oral care), 020551-15 (related to medication, bathing and plan of care) and 031979-16 (related to whistle blowing protection).

During the course of the inspection, the inspector(s) spoke with the acting executive director (ED), director of care (DOC), assistant director of care (ADOC), attending physician, registered nursing staff, personal support workers (PSWs), representative from Toronto Public Health, president of the Family Council and Residents' Council, substitute decision makers (SDMs), family members and residents.

The following Inspection Protocols were used during this inspection:



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Contenance Care and Bowel Management
Dignity, Choice and Privacy
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home
Skin and Wound Care

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

2 WN(s)

2 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 O.Reg 79/10, s. 17.
Communication and response system**



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident-staff communication and response system is available in every area accessible by residents.

Observations during the initial tour of the home, completed on January 11, 2017, revealed every floor in the facility has a laundry room. The laundry rooms are located beside the elevator banks outside of the coded residential areas. Not all of the laundry room doors were locked, and it was noted that the laundry rooms did not contain a communication and response system.

Interviews with the ADOC and the director of care (DOC) revealed the laundry rooms are residential areas and are used by both residents and/or family members. These rooms are not always kept locked and residents who are able to exit the coded units have access to these rooms. Both the ADOC and DOC confirmed there is no communication and response system in the laundry room areas.

The acting executive director (ED) confirmed the laundry rooms are residential areas and the laundry rooms do not have a communication and response system.
[s. 17. (1) (e)]

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 the resident-staff communication and response system is available in every area accessible by residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

Findings/Faits saillants :

(A1)

1. The licensee has failed to ensure the Infection Prevention and Control (IPAC) Program is updated at least annually in accordance with evidence-based practices.

A review of the home's "Licensee Confirmation Checklist Infection Prevention and Control" revealed residents receive a 2-step tuberculosis (TB) test to screen for TB upon admission.

A memo was sent to long-term care homes on April 13, 2013, regarding Toronto Public Health's recently updated recommendations for TB screening in long-term care facilities. As per the 7th edition of the Canadian Tuberculosis Standards, TB skin tests are not recommended to be done routinely upon admission for residents 65 years of age or older. A chest x-ray taken within 90 days prior to admission or within 14 days of admission at a facility for residents over the age of 65 is recommended.

An interview with the home's IPAC lead/DOC confirmed that residents receive a 2-step TB test to screen for TB on admission. The DOC also confirmed the home's TB policy has not been updated as per evidence-based practices. [r. 229. (2) (d)]

Additional Required Actions:



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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 the Infection Prevention and Control (IPAC) Program is updated at least annually in accordance with evidence-based practices, to be implemented voluntarily.



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

Original report signed by the inspector.