

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 16, 2021	2021_766500_0007	001280-21	Complaint

Licensee/Titulaire de permisCopernicus 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**

NITAL SHETH (500)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 1, 2 3, 4, off-site on March 11, 2021.

The intake log #001280-21 related to resident's care concerns was inspected during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Dietary Services Manager (DSM), Resident Assessment Instrument (RAI) coordinator, Registered Nursing Staff, Personal Support Workers (PSWs), Dietary Aide, Family Member.

During the course of the inspection, the inspector observed the residents' care areas, reviewed the residents' and the home's records.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Personal Support Services
Reporting and Complaints
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>Légende</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 was provided to the resident as specified in the plan.

Ministry of Long-term Care (MLTC) received a complaint about concerns related to resident #002's care.

Resident #002's Substitute Decision Maker (SDM) indicated that the home was inconsistent in providing food and fluid based on the resident's plan of care.

The resident's written plan of care indicated to provide identified types of foods and fluids at meals and snack times.

Inspector's observation on a specified day, and emails sent by SDM verifies that on seven occasions, the home was inconsistent in providing food and fluid based on the resident's plan of care.

Dietary aide #100 indicated that it was okay for the resident not to have an identified food item at meal as, they served a different type of food item to the resident as per the menu.

Personal Service Worker (PSWs) #101, #102, Dietary Aide #100, Registered Practical Nurse (RPN) #103, Dietary Services Manager (DSM), Assistant Director of Care (ADOC) and the Director of Care (DOC) verified that they are expected to follow the residents' plan of care.

Sources: Care plan, Emails sent by SDM, Observation of the resident's food tray (March 3, 2021), Interviews with DSM and others. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Ministry of Long-term Care (MLTC) received a complaint about concerns related to resident #002's care.

Resident #002's SDM indicated that the home was inconsistent in completing assessments of the resident's altered skin integrity.

The resident's skin assessment completed on an identified day, indicated that the resident had altered skin integrity on two parts of their body. There were no assessments completed during three identified weeks. The physician documented on an identified day, that the resident had an infection in their areas of altered skin integrity.

Staff verified that they are required to assess the resident's altered skin integrity on a weekly basis.

Sources: Resident #002's skin assessment record, progress note, Skin and Wound Care Program policy (#NO84, Revised June 2019), Interviews with RPN #103 and others. [s. 50. (2) (b) (iv)]

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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

Issued on this 17th day of March, 2021

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

Original report signed by the inspector.