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

Toronto District
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Original Public Report

Report Issue Date: March 4, 2024	
Inspection Number: 2024-1594-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: City of Toronto	
Long Term Care Home and City: Lakeshore Lodge, Etobicoke	
Lead Inspector Matthew Chiu (565)	**Inspector Digital Signature** Matthew Chiu Digitally signed by Matthew Chiu Date: 2024.04.08 14:55:49 -04'00'
Additional Inspector(s) Carole Ma (741725)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 14-15, 20-23, and 26-27, 2024.

The following intake(s) were inspected:

- Intake: #00108760 related to Proactive Compliance Inspection.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management

Residents' and Family Councils
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in a resident's personal care plan of care was documented.

Rationale and Summary:

Staff interviews and review of the resident's record revealed that the provision of personal care for residents should have been documented in Point Click Care (PCC). On one day, a resident received personal care, and the provision of care was not documented as required.

Upon being brought to staff attention, they documented the provision of the above-mentioned personal care. The non-compliance was remedied on February 22, 2024.

Sources: Review of resident's care plan and PCC records; interviews with the Personal Support Worker (PSW) and Clinical Nurse Manager (CNM).
[565]

Date Remedy Implemented: February 22, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the communication and response system in a resident room was maintained in a good state of repair.

Rationale and Summary:
An observation revealed and staff interview confirmed that the communication and response system by the bedside of a resident room was non-functional. The call bell cord attached to the wall unit failed to provide visual or audible signals every time when activated. Staff confirmed the malfunctioning of the wall unit, replaced it,

and resolved the issue. While the duration of its non-functionality prior to testing remained uncertain, and there was no resident in bed at the time the non-compliance was identified, it posed a low risk of delayed assistance and compromised care for the resident. This non-compliance was remedied on February 14, 2024.

Sources: Observations; interviews with the Supervisor of Administrative Services (SAS).
[565]

Date Remedy Implemented: February 14, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 351 (2) 1.
Protection of privacy in reports
s. 351 (2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:
1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.

The licensee has failed to ensure that where an inspection report mentioned in O. Reg. 246/22, section 351 clause (1) (a), (c) or (d) contained personal information or personal health information, only the a public version of the report that had been edited by an inspector was posted.

Rationale and Summary:
Multiple observations on two days revealed that the licensee version of a inspection

report, containing findings of non-compliance, was posted on a board in a side hallway of the ground floor. It was partially obscured by other documents on the same board, accessible to residents and visitors, and contained personal information and personal health information.

Upon being brought to staff attention, they acknowledged that the licensee version of the inspection report should not be posted in the home and removed the copy immediately. While no one was observed reading or paying attention to the licensee version of the inspection report during the mentioned observations, the non-compliance posed a low risk of privacy breaches. The non-compliance was remedied on February 15, 2024.

Sources: Observations; interviews with the acting Director of Care (DOC) and Administrator.
[565]

Date Remedy Implemented: February 15, 2024

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)
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the infection prevention and control (IPAC) standard for long-term care homes, revised September 2023, was implemented in accordance with the standard. Specifically:

- Routine practices section 9.1 (d), directed the home to ensure proper use of personal protective equipment (PPE), including appropriate selection, application, removal and disposal.

Rationale and Summary
A PSW was observed providing meal assistance to a resident inside the resident's room. It was observed and acknowledged by the PSW that they were not wearing their surgical mask appropriately.

The acting DOC confirmed that a universal masking policy was in effect in the home and stated that the PSW's failure to maintain a properly worn mask in a resident home area (RHA) was unacceptable.

The non-compliance placed the resident at risk for a respiratory infection.

Sources: Observations; interviews with the PSW and acting DOC.
[741725]

WRITTEN NOTIFICATION: PACKAGING OF DRUGS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 135
s. 135. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

The licensee has failed to ensure that drugs for two residents remained in the original labelled packages until administered.

Rationale and Summary:

A Registered Nurse (RN) was observed administering medication to a resident. Upon completing this task, the inspector requested the RN to show the contents of the medication cart, drawer by drawer. Subsequently, two small cups of medications were found, removed from their original packaging, and stored in separate resident medication containers.

The RN acknowledged the medications should have been kept in their original packaging until ready to be administered to one resident at a time.

This non-compliance placed a risk of medication administration error for the residents.

Sources: Observation; interview with the RN.
[741725]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure a PSW was a member of the continuous quality improvement (CQI) committee in the home.

Rationale and Summary:

The CQI meeting minutes for a nine-month period were reviewed, and there was no PSW listed as a committee member.

The Administrator confirmed that a PSW from the LTCH was not included in the CQI committee due to insufficient resources.

This non-compliance prevented the committee from benefitting from the experience and insights of a front-line team member.

Sources: Review of CQI meeting minutes; interview with the Administrator. [741725]