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
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Public Report

Report Issue Date: January 14, 2025

Inspection Number: 2025-1157-0001

Inspection Type:
Complaint
Critical Incident

Licensee: Tendercare Nursing Homes Limited

Long Term Care Home and City: Tendercare Living Centre, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7 to 10, and 13, 2025

The following intake(s) were inspected:

- An intake related to a complaint.
- An intake related to alleged staff to resident physical abuse.
- An intake related to an altercation between residents.
- An intake related to a fall with an injury.

The following intakes were completed in this inspection:

- Two intakes related to falls with injury.

This Public Report was modified to exclude inspector ID numbers from all non-compliances.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)
Plan of care
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;

The licensee failed to ensure that there was a written plan of care for a resident that set out the planned care for the resident.

Two incidents were reported related a residents responsive behaviours towards another resident. As per the residents' health records, behavioural support was engaged, documenting interventions required. In an interview with a Registered Nurse (RN) and the Director of Care (DOC), it was acknowledged the responsive behaviours focus, goal and interventions were not documented on the resident's care plan.

Sources: Critical Incident Report (CIR), health records of the resident, and interviews with an RN and the DOC.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with, when a resident reported they were hit in their head by a Personal Support Worker.

The Long Term Care Home (LTCH)'s Zero Tolerance of Resident Abuse and Neglect policy indicated the home is committed to provide a safe and secure environment in which all residents are treated with dignity and respect and protected from all forms of abuse or neglect at all times.

As per the LTCH's investigation records and the Associate Director of Care (ADOC), the alleged physical abuse towards the resident was founded and disciplinary actions were taken.

Sources: CIR, LTCH's investigation notes, LTCH's Zero Tolerance of Resident Abuse and Neglect Program, and an interview with the ADOC.

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 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to ensure that the falls prevention and management program provided for strategies to reduce or mitigate falls, including the use of supplies and devices when a resident fell.
In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the falls prevention program were complied with. Specifically, the home's fall prevention and management program policy indicated that the LTCH would promote the use of universal fall precautions none of which occurred for the resident.
Clinical records and an interview with an Registered Practical Nurse (RPN) indicated that the resident did not have falls interventions at the time of their fall which resulted in a significant change of their health status.

Sources: Residents clinical records, investigation notes, and an interview with an RPN.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure

injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), 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,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident who experienced altered skin integrity
1) received a skin assessment using a clinically appropriate assessment instrument.
2) received immediate treatment and interventions to promote healing
3) had a reassessment of their altered skin weekly.

The resident's clinical record and an interview with an RPN indicated that the resident did not have a skin assessment completed for their altered skin integrity upon readmission to the LTCH from hospital. Moreover, there were no weekly skin assessments completed and although the care plan indicated to provide treatment as per the Treatment Administration Record (TAR), there was no treatment orders to manage the residents altered skin integrity.

Sources: A residents clinical records, and an interview with an RPN.

WRITTEN NOTIFICATION: Pain management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
1. Communication and assessment methods for residents who are unable to

communicate their pain or who are cognitively impaired.

The licensee failed to comply with the home's pain identification and management program when a resident was not assessed using the Pain Assessment in Advanced Dementia (PAINAD) tool, and not provided with analgesic or any comfort measures when they complained of pain.
In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the pain program were complied with. Specifically, the home's pain identification and management policy indicated that a PAINAD must be completed for residents with cognitive impairment. The policy further indicated to use non pharmacological interventions and assess the effectiveness of pain control strategies, none of which occurred for the resident.

Sources: A residents clinical record, and an interview with an RPN.

WRITTEN NOTIFICATION: Responsive behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee failed to ensure that there were written strategies in place to mitigate a resident responsive behaviors around short term Leave Of Absences (LOA) with their spouse. Progress notes indicated that when the resident's spouse attempted to take the resident outside of the nursing home, the resident indicated that they wished to leave with the spouse and exhibited responsive behaviors. Progress notes also indicated that the spouse was informed they may take the resident out with an

escort or family member due to safety concerns, however on another attempt to take the resident out they were not permitted to do so. There were no written strategies in the resident care plan to help mitigate their responsive behavior.

Sources: A resident's clinical records, Interviews with Geriatric Mental Health Outreach Team, and the Social Worker (SW).

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 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 program
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 LTCHs issued by the Director was complied with.

In accordance with Additional Requirement 7.3 under the IPAC Standard for LTCHs (April 2022, revised September 2023), the licensee has failed to ensure that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role, as confirmed by the IPAC lead of the home.

Sources: Review of available audits in the home, and an interview with the IPAC lead.

WRITTEN NOTIFICATION: Dealing with complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1)

Dealing with complaints

s. 108 (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 including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

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.

3. The response provided to a person who made a complaint shall include,

i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

ii. an explanation of,

A. what the licensee has done to resolve the complaint, or

B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and

iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

The licensee failed to ensure that a verbal complaint made to the licensee or staff member regarding a resident was dealt with when the resident's spouse complained to frontline staff about being unable to take the resident on a short term LOA. The resident's progress notes indicated that their spouse made several

attempts to take them on a short term LOA unsuccessfully. The resident's spouse expressed their complaints to the staff. No documentation was found in the LTCH's complaint log to indicate that the complaint was dealt with.

Sources: A resident's clinical records, Complaint Log, and an interview with the SW.

WRITTEN NOTIFICATION: Records of current residents

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 275

Records of current residents

s. 275. Every licensee of a long-term care home shall ensure that the records of the residents of the home are kept at the home.

The licensee failed to ensure that the records for a resident were kept in the home when the SW was unable to produce the records for he Inspector

Sources: Email correspondence with the Public Guardian Trustee (PGT), and an interview with the SW #103.

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