Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur 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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 17, 2018	2018_598570_0002	023182-17	Resident Quality Inspection

Licensee/Titulaire de permis

MON SHEONG FOUNDATION
36 D'Arcy Street TORONTO ON M5T 1J7

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

MON SHEONG SCARBOROUGH LONG TERM CARE CENTRE
2030 Mcnicoll Avenue SCARBOROUGH ON M1V 5P4

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

SAMI JAROUR (570), PATRICIA MATA (571), SARAH GILLIS (623)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 8, 9, 10, 11, 12 and 15, 2018

The following intakes were reviewed and inspected upon concurrently during this inspection:

Critical Incident Logs:
Log #007109-17, Log #007676-17 and Log #025203-17 related to falls that resulted in an injury.

Follow-up Log #019206-17 related to:
CO #001 - Duty to protect s. 19(1) compliance date on September 4, 2017 issued under inspection #2017_634512_0007.
CO #002- O.Reg. 79/10, s.8(1)(b) related Falls Prevention and Management policy and Continence Care and Bowel Management Policy with compliance date on September 4, 2017 issued under inspection #2017_634512_0007

During the course of the inspection, the inspector(s) spoke with residents, Family members, President of Residents' Council, Co-chair of Family Council, Administrator, Director of Resident Care (DOC), Assistant Director of Resident Care (ADOC), RAI Coordinator, Building Manager, Social Services Coordinator, Activation Supervisor, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Dietary Aide, Housekeeping staff and Receptionist.

During the course of this inspection, the inspector(s) toured the home, observed medication administration practices, infection control practices, staff to resident interactions and provision of care; reviewed clinical health records of identified residents, medication incidents, Medical Advisory Committee & Pharmacy and Therapeutic Committee meeting minutes, relevant policies, staff educational records, Residents and Family Councils meeting minutes.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
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.
- **3 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_634512_0007	571
O.Reg 79/10 s. 8. (1)	CO #002	2017_634512_0007	571

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 14. Every licensee of a long-term care home shall ensure that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall. O. Reg. 79/10, s. 14.

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident shower has at least two easily accessible grab bars, one grab bar located on the same wall as the faucet and one grab bar located on the adjacent wall.

An observation during the initial tour of the home on January 08, 2018 revealed the shower stalls, located in SPA rooms in all seven residents' home areas of the home, did not have grab bars located on the same wall as the faucet.

On January 11, 2018, during an interview, the Building Manager indicated to Inspector #570 that all shower stall areas in the home are being used to shower residents. The Building Manager confirmed to Inspector #570 that the shower stalls at the home did not have grab bars installed on the same wall as the faucet. [s. 14.]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to seek the advice of the Family Council in developing and carrying out the satisfaction survey.

On January 12, 2018, family member #121, who is the co-chair of the Family Council for Mon Sheong Scarborough Long Term Care Centre, completed the Family Council Questionnaire. The Family Council co-chair indicated the licensee had not requested advice from the Family Council on the development and carrying out of the 2017 satisfaction survey. The co-chair further indicated the Administrator of the home announced to the Family Council, a couple of weeks before launching the survey, that the licensee had decided that the content of the 2017 satisfaction survey should remain the same as that of the 2016 satisfaction survey.

On January 15, 2018, interview of the Administrator indicated to Inspector #570 that the licensee started using a new survey in the year 2016 that is the same survey used at all three Mon Sheong homes. During the same interview the Administrator confirmed to Inspector #570 the Family Council did not participate in developing and carrying out the 2017 satisfaction survey and that the questions were kept the same to compare results to the 2016 satisfaction survey.

The licensee did not seek the advice of the Family Council in developing and carrying out the 2017 satisfaction survey. [s. 85. (3)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).
(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that:
a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the past review in order to reduce and prevent medication incidents and adverse drug reactions,
b) any changes and improvements identified in the review are implemented, and
c) a written record is kept of everything provided for in clause (a) and (b).

A review of the October 5, 2017 Medical Advisory Committee & Pharmacy and Therapeutic Committee meeting minutes was completed by Inspector #623. The meeting minutes indicated that during three months period from June 2017 to August 2017 there were four medication incidents reported to the Director of Resident Care.

During an interview with Inspector #623, the Assistant Director of Resident Care (ADOC) indicated that medication incidents are reviewed at the quarterly Medical Advisory Committee (MAC) meeting with the representatives who attend. The ADOC indicated that the incidents are reviewed for trends and any recommendations from this meeting are considered and implemented as appropriate. The ADOC was unaware if a written record is kept of the details of the medication review and recommendations.

During an interview with the Inspector, the Director of Resident Care (DOC) indicated that medication incidents are discussed at the quarterly Medical Advisory Committee Meeting but the minutes of the meeting do not reflect any discussion, trends identified or recommendations that are discussed and implemented. The minutes identify if there were errors and the number of errors that occurred in the quarter.

A written record was not kept of the quarterly review of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions and any changes and improvements identified in the review are implemented. [s. 135. (3)]

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Issued on this 19th day of January, 2018

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

Original report signed by the inspector.