



**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 23, 2017	2017_377502_0001	000518-17	Resident Quality Inspection

Licensee/Titulaire de permis

INA GRAFTON GAGE HOME OF TORONTO
40 Bell Estate Road SCARBOROUGH ON M1L 0E2

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

INA GRAFTON GAGE HOME
40 Bell Estate Road SCARBOROUGH ON M1L 0E2

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

JULIENNE NGONLOGA (502), ANGIE KING (644)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 10, 11, 12, 13, 16 and 17, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Nurse Manager (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), Registered Dietitian, Physiotherapist (PT), Residents, and Residents, Substitute Decision Makers (SDM's), and Presidents of Residents' Council and Family Council.

The inspectors conducted a tour of the home, observations of the provision of care, staff and resident interactions, and medication administration, record review of residents' health records, staffing schedules, meeting minutes for Residents' Council and Family Council and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council**

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

**3 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 LTCHA, 2007 S.O. 2007, c.8, s. 6.

Plan of care

Specifically failed to comply with the following:

- 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; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that sets out the planned care for the resident.

Resident # 001 was triggered from Stage one for potential side rail restraint.

On multiple occasions, the inspector observed resident #001 resting in bed before breakfast. Further observations revealed the use of two quarter bed rails in the engaged position at the centre of the bed.

Review of the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) assessment, revealed resident #001 requires bed rails daily. Review of resident #001's current written plan of care failed to reveal the use of bed rails.

In an interview, staff #103 stated that he/she applied the bed rails when the resident is in bed, and confirmed that the use of the bed rail was not included in the Kardex. The staff also stated that he/she would refer to the resident's Kardex and written plan of care for resident use of bed rail.

In interviews, staff #104 and staff #112, stated the front line staff would reference bed rails in the residents' written plan of care. Both staff confirmed that the use of the bed rails for resident #001 had not been care planned. [s. 6. (1)]

2. Resident # 003 was triggered from Stage one for Potential side rail restraint.

On multiple occasions, the inspector observed resident #003 resting in bed before breakfast. Further observations revealed the use of two quarter bed rails in the engaged position at the centre of the bed.

Review of the RAI-MDS assessment revealed resident #003 requires bed rails daily. Review of resident #003's current written plan of care failed to reveal the use of bed rails.

In interviews, staff #101 and #114 stated that they applied the bed rails when the resident is in bed, and confirmed that the use of the bed rail was not included in the Kardex. The staff also stated that they would refer to the resident's Kardex and written plan of care for resident use of bed rail.



In interviews, staff #102 and #112, stated the front line staff would reference bed rails in the residents written plan of care and Kardex. Both stated that the use of the bed rails for resident #003 had not been care planned. [s. 6. (1)]

3. Resident # 002 was triggered from Stage one for potential side rail restraint.

On an identified date and time, the inspector observed resident #002 resting in his/her bed with one quarter bed rail in up position.

Review of the MDS-RAI, revealed resident #002 used bed rail for bed mobility and transfer. Record review of resident #002's written plan of care with a specified completion date failed to reveal the use of bed rails.

In interviews, staff #104 and #106 stated resident #002 uses bed rails during care and the information was not included in the Kardex.

In an interview, staff #105 stated that resident #002 uses bed rails during care and for repositioning. He/she confirmed that resident #002 needs for bed rail was not included in the written plan of care, as the bed rails were not considered a restraint. The staff further stated that the use of bed rails by any resident should be care planned.

In interviews, staff #125, and #107 confirmed that the bed rails to be used for any resident should be included in the written plan of care. [s. 6. (1) (a)]

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 there was a written plan of care for each resident that sets out the planned care for the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that any policy put in place is complied with.

The Home's policy titled Ordering Medications Using the Physician's Quarterly Medication Review Form: 4-5, last review date of May 2016, revealed that new orders may be placed directly on the Physician's Quarterly Medication Review Form as an alternative to rewriting the order on a Physician's Order Form. The policy directed staff to:

- update all new orders on the Physician's Quarterly Review, and
- review each order on the Physician's Quarterly Review form and process all new, changed or discontinued orders.

On an identified date and time, the inspector observed the medication administration on an identified resident's home area. Resident #004's specified medical condition was checked and staff #109 administered an identified medication.

Record review of the Medication Administration Record (MAR) for an identified month and Physician's ePen Orders with an identified date, revealed resident #004's medical condition was to be checked daily and he/she was ordered a specified medication.

Review of the Three Month Medication Review, signed by the Physician on an identified date for three months period revealed resident #004's medical condition was to be checked two times daily and twice weekly. Further review revealed resident #004 was ordered a higher dose of above identified medication.

In an interview, staff #109 and #112 stated that the orders in the home's documentation system PPC was accurate, as it was based on the latest physician order.

Staff #112 confirmed that the Three Month Medication Review had not been updated prior to the Physician's review an identified date to reflect latest order.

In interviews, staff #107, and #100 confirmed that the registered nursing staff did not comply with the Home's policy as they failed to update all new orders on the Physician's Quarterly Review. [s. 8. (1) (b)]

2. During the Census Record Review on stage one; the residents' height was reviewed.

Review of the home's Resident Weight for Height Policy revised on June 3, 2016, revealed on point #1 that on admission, registered staff shall obtain a height and admission's weight of each resident and record them in the Weights and Vital section in the home's documentation system Point Click Care (PCC). The resident's height must be taken annually thereafter.

Record review of resident's anthropometric measurement revealed the height of residents #001, #005, #006, #007, #008, #009, #010, #011, #012, #013, #014, #015, was last recorded in 2015.

In interviews, staff #111, #107 and #100 stated the above residents' heights were not recorded annually after their admission in the home and confirmed that staff have not complied with the above home's policy. [s. 8. (1) (b)]

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 any policy put in place is complied with, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee has failed to ensure that copies of the public inspection reports from the past two years for the long-term care home are posted in the home.

On January 10, 2017, during the tour of the home, the inspector observed the home's inspection reports posted at the main lobby of the home. Review of the posted inspection reports revealed the following inspection reports were not posted:

- Complaint Inspection report # 2016_321501_0013 for the inspection dated June 20, 2016.
- Complaint Inspection report # 2016_430644_0003 for the inspection dated June 28, 2016.

In interviews, staff #100 and staff#108 confirmed that the above mentioned reports were not posted. [s. 79. (3)]

Issued on this 23rd day of January, 2017

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

Original report signed by the inspector.