

**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
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 # / No de registre	Type of Inspection / Genre d'inspection
Jun 28, 2021	2021_650565_0010	009744-20, 022822- 20, 001696-21	Critical Incident System

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

MATTHEW CHIU (565)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 21, 25-28, 31, June 1, 11, 16, and 18, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #001696-21; Log #009744-20; Log #022822-20 were related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the interim Executive Director (ED), Director of Care (DOC), Infection Control Manager (ICM), Manager of Clinical Informatics (MCI), Clinical Practice Coordinator (CPC), Nurse Managers (NMs), Environmental Services Manager (ESM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Physiotherapist (PT), Personal Support Workers (PSWs), Housekeeping staff, Residents, and Family Members.

During the course of the inspection, the inspectors observed resident and staff interactions, and reviewed clinical health records, relevant policies and procedures, and other documents.

Inspector, April Chan (#704759) attended this inspection during orientation.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Safe and Secure Home**

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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in resident #003's plan of care was provided to the resident as specified in the plan.

Resident #003 had both cognitive and physical impairments and was identified at risk for falls. A falls prevention plan of care including two specified interventions was implemented for the resident. During a day shift, these two interventions were not provided to the resident as specified in the plan.

Sources: Observations; resident #003's clinical records; interviews with the PSW, RPN, MCI and other staff. [s. 6. (7)]

2. The licensee has failed to ensure that resident #001's falls prevention plan of care was revised when care set out in the plan had not been effective.

Resident #001 had both cognitive and physical impairments and was identified at risk for falls. The resident had a fall and they were sent to the hospital. Upon their return to the home, the resident continued to fall multiple times during a three-month period, and sustained injuries due to the falls. The home implemented a falls prevention plan of care for the resident and it's goal stated that the resident will have no injury from falls over the next 90 days.

The plan had not been effective to keep the resident free from injury from falls and had not been revised until after the fifth fall during this period.

Sources: Resident #001's clinical records; interviews with the PSW, RPN, MCI and other staff. [s. 6. (10) (c)]

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 plan of care is provided to the resident as specified in the plan; and***
- the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan has not been effective, to be implemented voluntarily.***

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

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1. The licensee has failed to ensure that the temperature was measured and documented in writing at least every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, and at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The inspector reviewed the home's air temperature monitoring and documentation from May 15 to June 10, 2021.

The home had four nursing stations, each located on the resident home area on each floor, which faced the dining area that served as the designated cooling areas for residents.

From May 15 to May 19, 2021, the home measured and documented temperatures at the nursing stations on each floor. The temperatures were measured and documented at 1300 hours and 1800 hours. No temperature was measured and documented in the morning, and no resident bedroom temperature was measured and documented.

On May 20, 2021, the home measured and documented temperatures at all nursing stations at 1300 hours, and the nursing stations on the first, second and third floors in the evening. The home did not specify the time when the temperatures were measured in the evening.

From May 21 to June 10, 2021, the home measured and documented temperatures at three nursing stations randomly selected by staff on each day. Temperatures were measured and documented as Days, Evenings, and Nights without specifying the times that they were taken. On June 9 and 10, the two nursing stations were replaced by two resident bedrooms during Days. Staff stated they measured the temperatures during lunch time when the air temperature was usually the highest. The documentation was not completed for Nights on the following dates:

- May 23, 30, 31, June 4, and 7, 2021.

Sources: Home's air temperature tracking and monitoring records; interviews with the ESM and NM. [s. 21. (2) 1.]

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 temperature is measured and documented in writing, at a minimum in the following areas of the home:

- 1. At least two resident bedrooms in different parts of the home.***
- 2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.***
- 3. Every designated cooling area, if there are any in the home; and***
The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

Issued on this 2nd day of July, 2021

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

Original report signed by the inspector.