Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy	**Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée** ☒ Copie de la Publique ☐ Copie du Titulaire	
Date(s) of inspection/Date de l'inspection July 8, 9, 12, 13, 2010	**Inspection No/ d'inspection** 2010_104_8609_06Jul121402	**Type of Inspection/Genre d'insptection** Follow-up: O-001397
Licensee/Titulaire Ina Grafton Gage Home of Toronto 40 Bell Estate Road, Scarborough, ON, M1L 0E2 Fax: 416-422-1613		
Long-Term Care Home/Foyer de soins de longue durée Ina Grafton Gage Home 40 Bell Estate Road, Scarborough, ON M1L 0E2 Fax: 416-422-1613		
Name of Inspector(s)/Nom de l'inspecteur(s) Judy Macaulay, Inspector ID # 104		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Follow-up inspection in respect to previously identified unmet standards and criteria from the Program Manual that applied when the Home was governed by the Nursing Homes Act:

- A1.11(1) related to verbal abuse
- B1.6 related to quarterly assessment of resident care and services
- B2.4 related to the plan of care
- B5.2 related to the documentation of the care and services provided to residents.

As a result of this inspection the following criteria were resolved:

- A1.11(1)
- B1.6
- B2.4

During the course of the inspection, the inspector spoke with the Administrator, Director of Care and Assistant Director of Care, several registered nurses and PSW staff, housekeeping and maintenance staff, and residents.

During the course of the inspection, the inspector reviewed resident records, observed residents and resident rooms.

The following Inspection Protocols were used during this inspection:
Responsive Behaviours
Pain
Prevention of Abuse

Findings of Non-Compliance were found during this inspection. The following action was taken:
4 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Volontary Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Acitvity Order/Ordres: travaux et activitiés

WN #1: The Licensee has failed to comply with O.Reg.79/10, s. 51(2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

Findings:

1. The Home noted increased hoarding of continence care products by staff and instituted a protocol July 5, 2010 to reduce this practice, control distribution of product, and track product usage.
2. On July 8, 2010 at 1100hrs, interviewed PSW staff on the first floor advised that as of July 5, 2010 one continence product per resident per shift was being provided to staff.
3. The staff advised that they were directed by management to ask registered staff for continence care products if they required more than the estimated quantity of one product per resident per shift. This estimate of product use could be adjusted based on changes in resident status and a discussion with registered staff.
4. On July 12, 2010 at 1515hrs interviewed staff on the first floor advised that continence care products were locked in the medication room and inaccessible to front-line staff on the unit.
5. The supply had not been distributed to the staff at that time, the continence care product storage bin in the clean utility area was empty, and staff confirmed that they were waiting to get product from the registered staff after report was completed.
6. The staff indicated that if they had no supply on their cart and the registered staff was off the unit or busy they would have to wait for her as they had no access to the medication room where continence products were stored.

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 are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

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WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 30 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

1. An identified resident returned from Leave of Absence (LOA) on three occasions and no documentation of a skin assessment was evident in the progress notes as per the Home's protocol, or on any other record.
2. Documentation that a skin assessment was completed after this resident's absence from the home of greater than 24hrs was not completed.

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WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 91 (1) A licensee shall not charge a resident for anything, except in accordance with the following:
4. Despite paragraph 3, a resident shall not be charged for anything that the regulations provide is not to be charged for.

Findings:

1. An initiative to provide more resident safety devices was recently implemented as part of the Home's Fall Prevention program
2. The Director of Care advised this inspector on July 8, 2010, that five resident families were contacted prior to this inspection to approve and provide funds for safety devices which included chair and bed alarms, chair slip pads and glide lock sheets.
3. Chair and bed alarms, glide lock sheets, and chair slip pads were ordered by the Home for five residents and charged to these residents' accounts. Invoices were provided to this inspector.
4. The home initially charged residents for items that should have been provided for by the home.
5. Concurrently with this inspection, the residents' accounts were adjusted so that no charges were incurred by them, and the Home assumed responsibility for payment of these safety devices.

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WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. The Minimum Data Set (MDS) annual assessment for an identified resident was not completed as required. It was noted to be "in progress" as of June 2, 2010, and was not completed as of July 13, 2010.
2. The quarterly MDS assessment for this resident was noted to be "in progress" but not completed as of July 13, 2010.
3. The most recent documented update to this resident's care and services was March 2009.
4. No Resident Assessment Protocols (RAPs) were completed for this resident as scheduled for the quarterly period.

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Signature of Licensee of Designated Representative Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: Date:	Date of Report April 13, 2011