



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

**Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch**  
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<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Jul 31, Aug 2, 28, Sep 7, 10, 11, 2012	2012_021111_0020	Complaint

**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**

LYNDA BROWN (111)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care(DOC), four Personal Support Workers (PSW), one Registered Practical Nurse (RPN), Recreational Manager, and the resident

During the course of the inspection, the inspector(s) observed the resident, reviewed the resident's health record and reviewed the homes policies on missing items and complaints and reviewed the homes linen orders

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Family Council

Reporting and Complaints

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Legend</b> WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b> 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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 89. Laundry service**
**Specifically failed to comply with the following subsections:**

**s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**

**(a) procedures are developed and implemented to ensure that,**

**(i) residents' linens are changed at least once a week and more often as needed,**

**(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**

**(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**

**(iv) there is a process to report and locate residents' lost clothing and personal items;**

**(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;**

**(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and**

**(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).**

**Findings/Faits saillants :**

1. Related to resident 03:

Review of the homes policy "Missing Items"-RC-0503-12 (reviewed Oct.4, 2004) indicated that under procedures:

#4. Complete lost/missing articles form and forward copy to DON, notify laundry of missing article giving a description of same and post a notice at the nursing station of missing item so that if staff comes across same it will be recovered. No attached form was available.

Interview of DOC on Aug.2, 2012 @ 10:31 hrs indicated she has worked in the home since Oct.31/11. The DOC indicated that any concerns or complaints related to missing items is to have the missing items form filled out. The DOC was unable to provide any missing personal items forms completed.

The licensee failed to ensure that as part of the organized program of laundry services the process to report and locate residents' lost clothing and personal items was implemented [s.89(1)(a)].

2. Observation of the care carts and the large linen carts on two floors indicated there was no extra supplies of towels, face cloths and bath towels available for use by the resident.

The licensee failed to ensure that there is a sufficient supply of clean linen, face cloths and bath towels always available in the home for use by residents[s.89(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 there is a sufficient supply of clean linen, face cloths and bath towels always available in the home for use by residents and to ensure that the procedures for reporting and locating residents' lost clothing and personal items is implemented, to be implemented voluntarily.*

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**WN #2: 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 subsections:**

**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;**

**(b) the goals the care is intended to achieve; and**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

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**Findings/Faits saillants :**

1. Related to resident 03:

Review of the resident's written plan of care under hygiene and grooming, provided no clear direction to staff as per NOK direction.

The licensee failed to ensure that the written plan of care provided clear direction to staff and others who provide direct care to the resident related to hygiene and grooming[s.6(1)(c)].

2. Related to resident 03:

Review of the resident's written plan of care indicated the direction under skin integrity was not based on the residents current assessed needs.

The licensee failed to ensure the residents plan of care related to alteration in skin integrity was based on the residents assessed needs

[s. 6(2)].

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

Specifically failed to comply with the following subsections:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,  
(a) the nature of each verbal or written complaint;  
(b) the date the complaint was received;  
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;  
(d) the final resolution, if any;  
(e) every date on which any response was provided to the complainant and a description of the response; and  
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,  
(a) the documented record is reviewed and analyzed for trends at least quarterly;  
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and  
(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

**Findings/Faits saillants :**

1. Request for documentation regarding complaints received was not available.

Interview of Administrator and DOC confirmed that there was no documented record of complaints received.

The licensee failed to ensure that all complaints received are documented to include the nature of each complaint, the date the complaint was received, the type of action taken to resolve the complaint, the final resolution, every date on which any response was provided to the complainant, any response in turn by the complainant[s. 101(2)(a)(b)(c)(d)(e)(f)].

2. Interview of the Administrator and the DOC confirmed that the home did not have a documented record of complaints received and complaints were not reviewed and analyzed for trends at least quarterly.

The licensee failed to ensure that all complaints received are reviewed and analyzed for trends at least quarterly [s.101 (3)(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 all written or verbal complaints made to the licensee are documented to include:a) the nature of the complaint,b) the date the complaint was received, c) the type of action taken to resolve the complaint d) the final resolution, e)every date the on which a response was provided to the complainant and to ensure that the record is reviewed and analyzed for trends at least quarterly, to be implemented voluntarily.*

Issued on this 11th day of September, 2012



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