



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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
Sep 11, 2013	2013_157210_0021	T-410-13; T-432-13	Critical Incident System

Licensee/Titulaire de permis

DRS PAUL AND JOHN REKAI CENTRE
345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

DRS. PAUL AND JOHN REKAI CENTRE
345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 20, 21, 22, 23, 2013

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurse (RPN), Registered Nurse (RN), RAI MDS Coordinator, Director of Care (DOC), Director of Nursing Care (DONC), Physiotherapist (PT), Administrator

During the course of the inspection, the inspector(s) reviewed health records, policies and procedures for Falls Management, Code Yellow Missing Resident

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management**

Falls Prevention

Personal Support Services

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

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 :



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1. The licensee failed to ensure that the plan of care is reviewed and revised at any time when the resident's care needs change.

Review of the health record for Resident #1 indicates that on an identified date in 2013 resident started to receive a new medication. One month later, consultation notes indicate Resident #1 to continue with the same medication and to be monitored for risk of identified side effects. Review of the written plan of care and interview with PSWs, RPN and RN confirmed that staff were not aware that Resident #1 needs to be monitored for identified side effects nor he/she was monitored for them. [s. 6. (10) (b)]

2. Review of the current written plan of care in relation to transfer of Resident #3 indicates the resident to be provided two person extensive assistance for safety. It is documented that the last review of the care plan of care for transfer was ten months ago. Review of the health record and interview with a PSW and RPN indicated that Resident #1's health condition improved since he/she had a fall and surgery in 2012. In the last several months he/she required only one person assistance for transfer. [s. 6. (10) (b)]

3. Review of the current written plan of care in relation to bladder and bowel continence indicates Resident #3 is incontinent of bladder and bowel and he/she is wearing medium size incontinent product. Interview with PSWs indicates that Resident #3 is continent of bladder and bowels and he/she does not wear incontinence products. [s. 6. (10) (b)]

Issued on this 11th day of September, 2013

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

Glennice V.