



**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

Division de la responsabilisation et de la
performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 5, 9, 12, 16, 17, 18, 19, 20, 23, 24, 25, 26, 30, Feb 1, 2, 6, 8, 9, 2012	2012_07649_0001	Complaint
Licensee/Titulaire de permis		
CHARTWELL MASTER CARE LP 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1		
Long-Term Care Home/Foyer de soins de longue durée		
THE GIBSON LONG TERM CARE CENTRE 1925 STEELES AVENUE EAST, NORTH YORK, ON, M2H-2H3		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
BAMBO OLUWADIMU (149), JANE CARRUTHERS (113)		

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, Director of Care (DOC), Associate Director of Care (ADOC), the Corporate Manager of Environmental Services, Dietary Manager, Program Services Manager, Registered staff, Personal Support Workers (PSWs), Dietary Aide, Resident's Substitute Decision Makers (SDMs), the Client Services Manager for LifeLabs, the Lab Technician for LifeLab and the Pharmacist at Medi System Pharmacy.

During the course of the inspection, the inspector(s) conducted a walk through of all Resident Home Areas, the library, the wellness room and the activity room on the first floor and the lower level, took air temperatures, viewed home's video surveillance, reviewed residents' records, administrative records and licensee's policies for medication administration, responsive behaviour management, promoting zero tolerance of abuse and neglect of residents.

PLEASE NOTE THE FOLLOWING:

a. Non-compliance LTCHA s. 20 (2) and s. 76 (2) 4, 5 found during this inspection were issued under inspection # 2012_07649_0002.

b. Non-compliance O Reg 79/10 s. 101 (1) 1 and s. 101 (2) found under Inspection # 2012_077109_0004 are findings #1 f, g and #3.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Dining Observation

Infection Prevention and Control

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

Safe and Secure Home

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

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.

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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 subsections:

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).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the resident's plan of care is provided to the resident as specified in the plan.

Resident A's plan of care (physician's order) required HbA1c test every 3 months. On February 15, 2011, HbA1c test was done. Family member A refused the next test in May and June 2011. On July 29, 2011, Family member A gave consent for the HbA1c test. Lab technician's routinely visits the home every Tuesday and Fridays. As of August 28, 2011, the HbA1c test had not been done for Resident A[s. 6 (7)].

2. A requisition dated August 28, 2011 was completed for the HbA1c test. On August 29, 2011, Family member A refused the test on behalf of resident A. Resident A's blood sugar was high on October 3, 2011 and the doctor ordered HbA1c test. The order was processed and a requisition was completed on October 3, 2011. Lab technician was in the home on October 4, 2011 and was given the lab requisition dated Oct 4, 2011. Blood sample was taken from Resident A for the test and the HbA1c test was processed. On Oct 7, 2011, the Lab technician was in the home. The requisition dated Aug 28, 2011 was given to the lab technician. Blood sample was taken from Resident A for the HbA1c test and the test was processed [s. 6 (7)].

3. The psychiatrist assessed Resident A. There was no consideration for the psychiatrist's assessment and recommendation for Resident A until 8 days later when the resident's medication was increased [s. 6 (7)].

4. The psychiatrist reassessed Resident A. There was no consideration for the psychiatrist's assessment and recommendation for Resident A until 21 days later when resident A's medication was increased [s. 6 (7)].

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
a. the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service
Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

- 1. Communication of the seven-day and daily menus to residents.**
- 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
- 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
- 4. Monitoring of all residents during meals.**
- 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
- 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
- 7. Sufficient time for every resident to eat at his or her own pace.**
- 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
- 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.**
- 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
- 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. Licensee did not ensure that the home's dining and snack service has a process to ensure that Food service workers and other staff assisting residents are aware of the resident's diets, special diets, special needs and preferences. On January 19, 2012, the Dietary manager reported to the inspector that the diet list are made available to Food service workers and other staff assisting residents, to ensure that they are aware of the residents' diets, special needs and preference. The Dietary manager also reported to the inspector that the Dietary aides and PSWs are expected to use this binder. On January 18, 2012 at 1722h, PSWs in the second floor dining room did not have a diet list in the dining room [s. 73 (1) 5].

2. On January 19, 2012, the Dietary manager reported to the inspector that the kitchen as a labeling system for residents on special diets. Foods are labeled directly from the kitchen with the resident's name on it. On January 18, 2012 at 1730h, Resident B got a drink that he disliked, even though the diet sheet showed that he disliked it [s. 73 (1) 5].

3. Acting Administrator responded to family member A's complaint letter. Acting Administrator confirmed in the response letter that Resident A had received the wrong type of yogurt [s. 73 (1) 5].

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 home's dining and snack service has a process to ensure that food service workers and other staff assisting residents are aware of the resident's diets, special diets, special needs and preferences, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not fully respect resident's right to be properly sheltered in a manner consistent with his or her needs. On August 25, 2011, Resident C left the facility alone. Staff followed Resident C and convinced the resident to return to the facility for ensure his/her safety.

2. On January 12, 2012, Family member A reported to inspector that he found Resident C outside alone after midnight on August 27, 2011 and had to open the door for Resident C to enter the facility.

3. Resident C was observed on the home's video surveillance sitting outside alone on the bench on August 26, 2011 from 0005h to 0330h and August 27, 2011 at 0005h to 0028h.

4. On January 18, 2012, a registered staff reported to the inspector that he/she had been worried about Resident C being outside alone and brought the issue to the Administrator and Director of Care's attention.

5. Registered staff documented in Resident C's health record that Resident C slept outside alone on August 24, 25 and 26, 2011.

WN #4: 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. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. A response shall be made to the person who made the complaint, indicating,

i. what the licensee has done to resolve the complaint, or

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

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).

Findings/Faits saillants :

1. Licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning a resident or operation of the home is investigated and resolved where possible, and a response provided within 10 business days of the receipt of the complaint.

a. On January 12, 2012, Family member A reported to the inspector that an employee of the licensee did not respond to his complaint letters dated October 20 and December 21, 2011.

b. On January 12, 2012, home's Administrator reported to the inspector that an employee of the licensee did not respond to Family member A's letter dated October 20, 2011.

c. On January 17, 2012, home's Administrator reported to the inspector that an employee of the licensee did not respond to Family member A's letter dated December 21, 2011.

d. Family member A's complaint letters dated October 20 and December 21, 2011 and addressed an employee of the licensee were not forwarded to the Administrator according to the Complaint policy LTCE-RCA-E-009. As a result, the concerns were not investigated and a response was not provided.

e. There was no record of a response to Family member A's letters dated October 20, 2011 and December 21, 2011 in the home's complaint documented record.

f. On January 24, 2012, Family member B reported to the inspector that an acknowledgment letter was received for the complaint letter dated September 8, 2011, but did not received a follow-up response.

g. Licensee was unable to confirm that a response was provided to Family member B's complaint letter dated September 8, 2011 [r. 101 (1) 1].

2. Licensee did not ensure that documented records kept in the home for complaints included the date and type of action taken to resolve the complaint, time frames for actions to be taken and any follow-up action required.

Licensee's documented record for Family member A's complaint letters dated June 28, July 4, 5, 11, 12, 15, 17, 18, 19, 21, 25, 26, 28, August 6, 9, 11, 14, 15, September 7, 10, 22, 26, 29, 30, October 3, 20, November 9, 17, 21, 22, December 1, 5, 19, 21 and 22, 2011 did not include the date and type of action taken to resolve the complaint, time frames for actions to be taken and any follow-up action required [r. 101 (2)].

3. Licensee's documented record for Family member B's complaint letter dated September 8, 2011 did not include the date and type of action taken to resolve the complaint, time frames for actions to be taken and any follow-up action required [r. 101 (2)].

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 documented record is kept in the home for complaints that includes,

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, to be implemented voluntarily.

Issued on this 9th day of February, 2012

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

Dany Hordine (149)