Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

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Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Toronto

55, avenue St. Clair Ouest, 8ième étage
Toronto, ON M4V 2Y7

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Ontario

OCT 2 7 2010

Ms. Evelyn MacDonald
Highbourne Lifecare Centre
420 The East Mall
Etobicoke ON M9B 3Z9

Ministère de la Santé et des Soins de longue durée

Dear Ms. MacDonald:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **August 18, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Ministère de la Santé et des Soins de longue durée

A. Mauricio
for Susan Squires
LTC Homes Inspector

A. Mauricio
for Monica Klein
LTC Homes Inspector

6.

Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prevue le *Loi de 2007 les foyers de soins de longue durée*

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'insptection
August 18 2010	2010_109_2468_18Aug095018	complaint

Licensee/Titulaire

The Royal Crest Lifecare Group Inc

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

Highbourne Lifecare Centre

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

Susan Squires (109) and Monica Klein (198)

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspectors spoke with:
Administrator, Director of Care ,PSW staff, residents
The following Inspection Protocols were used in part or in whole during this inspection:

- Personal Support Services Inspection Protocol

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

4 WN
1 VPC
1 CO: CO # 001

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* a trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S. O. 2007, c. 8, 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, clear directions to staff and others who provide direct care to the resident.

Findings:

1. **The plan of care lacked clear direction to the staff and other who provide care to an identified resident. There is conflicting information between the written plan of care and the kardex document.**

Inspector ID #:	109 and 198

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 be implemented voluntarily.
Inspector ID #: 140 and 198

WN #2: The Licensee has failed to comply with LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7) :
Every licensee of a long-term care home shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. **A resident did not have the morning oral care provided as per plan of care, before and after meals.**

Inspector ID #: 109 and 198

WN #3: The Licensee has failed to comply with O. Reg. 79/10,34 (1) (a), (b), (c):
Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

a) mouth care in the morning and evening, including the cleaning of dentures;
b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
c) an offer of an annual dental assessment and other preventive services, subject to payment being authorized by the resident or the resident's substitute decision maker, if payment is required.

Findings: 1. **A resident stated that the morning oral care was not provided on the inspection day; teeth observed and were not cleaned.** 2. **The resident was not provided with assistance for morning oral care when the resident was not able to complete it independently.**
Inspector ID #: 109 and 189.
Additional required actions: **Compliance Order** **CO # 001**- will be served on the licensee.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, 44 Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal needs of residents.	
Findings: **1. There was no tooth brush readily available in a resident's room in order to meet the oral care needs.**	
Inspector ID #:	109 and 198

Signature of Licensee or Representative of Licensee **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 (if different from date(s) of inspection).**

Ontario

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
Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Name of Inspector:	Susan Squires and Monica Klein	**Inspector ID #**	109 and 198
Inspection Report #:	2010_109_2468_18Aug095018		
Type of Inspection:	Complaint		
Licensee:	The Royal Crest Lifecare Group Inc		
LTC Home:	Highbourne Lifecare Centre		
Name of Administrator:	Evelyn MacDonald		

To, The Royal Crest Lifecare Group Inc you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: with O. Reg. 79/10, 34 (1) (a), (b), (c):
Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes

a) mouth care in the morning and evening, including the cleaning of dentures;
b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
c) an offer of an annual dental assessment and other preventive services, subject to payment being authorized by the resident or the resident's substitute decision maker, if payment is required.

Order:
The licencee shall ensure that the resident Imelda Gazolla and all other residents of the home receives oral care to maintain the integrity of the oral tissue that includes a) mouth care in the morning and evening, including the cleaning of dentures and b) physical assistance or cuing to help her and every other resident who cannot, for any reason, brush his or her teeth.

Grounds:
1. **A resident did not have morning oral care completed; teeth observed and were not clean.**
2. **A resident who was not able to complete oral care independently was not provided with assistance.**

This order must be complied with by:	Immediate

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:.

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 1 day of Sept, 2010.	
Signature of Inspector:	
Name of Inspector:	Susan Squires (109)
Service Area Office:	Toronto