

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



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

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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

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FEB 02 2011

Mr. Dennis Brown
Administrator
Isabel and Arthur Meighen Manor
155 Millwood Road
Toronto, ON M4S 1J6

Dear Mr. Brown:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **January 6, 7, 10, 11, 2011** 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,

A. Morrill

A. Morrill

for

Susan Lui

LTC Homes Inspector January 6, 7, 10, 11, LTC Homes Inspector

(LTCHA) 1-866-311-8002



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

**Rapport d'inspection
prévus 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/Daté de l'inspection

January 6, 7, 10, 11, 2011

Inspection No/ d'inspection

2011_178_8603_06Jan110804
2011_162_8603_06Jan111033

Type of Inspection/Genre d'inspection

Complaint T-2729

Licensee/Titulaire

The Governing Council of the Salvation Army in Canada, 2 Overlea Blvd, Toronto ON, M4H 1P4, Fax: 416-422-6148

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

Isabel and Arthur Meighen Manor, 155 Millwood Road, Toronto Ontario, M4S 1J6

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

Susan Lui, 199
Tiina Tralman, 162

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, Manager of Food Services, Dietary Aides, Registered Dietitian, Registered Nursing staff, personal support workers (PSW's), Maintenance Manager, one resident.

During the course of the inspection, the inspectors: reviewed resident records and reviewed the home's policies for Skin and Wound Care, Management of Complaints, Emergency Response, Nutrition Care.

The following Inspection Protocols were used during this inspection: Skin and Wound Care, Medication, Personal Support Services, Nutrition and Hydration, Reporting and Complaints, Safe and Secure Home.



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

8 WN
5 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

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'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue 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. Care Plan interventions for an identified resident are contradictory.

Inspector ID #: 199

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 with the regulation requiring that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, 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.

Findings:

- 1. The care set out in the plan of care was not provided to an identified resident as specified in the plan:**
 - Wound care for an identified resident was not provided as ordered. Daily wound care was provided on only 4 of 16 identified days.
- 2. Identified resident prescribed a therapeutic diet was not provided diet according to the written plan of care.**
- 3. Identified resident was provided a restricted snack contrary to the written plan of care directions.**

Inspector ID #: 199 & 162

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 with the regulation requiring that the care set out on the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10 s. 50(2)(b)(ii)
Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

Findings:

1. **Treatment for new pressure ulcers was not provided immediately or consistently.**
 - **Wound care for an identified resident was not provided as ordered. Daily wound care was provided on only 4 of 16 identified days.**

Inspector ID #: 199

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 with the regulation requiring that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O. Reg. 79/10 s. 50(2)(d)
Every licensee of a long-term care home shall ensure that, any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

Findings:

1. **PSW stated that an identified resident remains up in wheelchair for more than three hours at a time without repositioning.**

Inspector ID #: 199

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 with the regulation requiring that any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA 2007, S. O 2007, c. 8, s. 6(10) (b)
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,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. **There was no reassessment and no action taken regarding an identified resident's increasing and fluctuating blood sugar levels.**
2. **Referral to both the Physician & Registered Dietitian was not evident.**

Inspector ID #: 199 & 162

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 with the regulation, requiring that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O. Reg. 79/10 s.89 (1) (c)

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,
(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.

Findings:

1. In an identified dining room during an observed lunch meal service, 13 resident aprons were torn in places and 10 resident aprons were worn and/or faded.

Inspector ID #: 162

WN #7: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

A1.30. The administrator shall respond within 10 days to all residents' representatives' requests, suggestions and complaints indicating possible plans of action.

Findings:

1. Responses from the home to an identified resident's representative's 3 letters of complaints were not provided indicating possible plans of action.
2. Response from the home to an identified resident's representative's 2 letters of complaint was not provided within 10 days as required.

Inspector ID #: 199 & 162

WN #8: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

A 1.32 The Long Term Care Division shall receive a copy of all written complaints received by the facility, including a description of the follow-up actions taken.

Findings:

1. The Ministry of Health did not receive a copy of written complaints including a description of the follow-up actions taken with respect to an identified resident's representative's 4 letters of complaint.

Inspector ID #: 199 & 162

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.

Juana Halman
Aileen Lin Jan 20, 2011

Title: Date:

Date of Report: (if different from date(s) of inspection).

Jan 20, 2011