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
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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

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Ontario

DEC 0 6 2010

Ms. Natasha Murray
Administrator
North Park Nursing Home
450 Rustic Road
North York, ON M6L 1W9

Dear Ms. Murray:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **September 23, 24; October 5, 6, 7, 8, 12, 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,

A. Morillo

for Saran Daniel-Dodd
LTC Homes Inspector

A. Morillo

for Susan Lui
LTC Homes Inspector

Ontario

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

Rapport d'inspection prévue 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'inspection
Sept. 23, 24, Oct. 5, 6, 7, 8, 12, 2010	2010_178_909_14Oct111419	Complaint T-1987

Licensee/Titulaire
North Park Nursing Home Limited, 438 Rustic Road, North York, ON, M6L 1W9

Long-Term Care Home/Foyer de soins de longue durée
North Park Nursing Home, 450 Rustic Road, North York, ON, M6L 1W9

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

Saran Daniel-Dodd 116, Susan Lui 199

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector(s) spoke with: : Home Administrator, Director of Care, Vice President Assured Care, Registered Staff, Personal Support Worker, Resident

During the course of the inspection, the inspector(s): reviewed resident files, reviewed Home Policy regarding resident abuse of another resident.

The following Inspection Protocols were used in part or in whole during this inspection: Responsive Behaviours

☐ There are no findings of Non-Compliance as a result of this inspection.

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

2 WN
2 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, c. 8, s. 5.
Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

Findings: On a specific date one resident approached another resident in a threatening manner while holding a wheelchair foot pedal. Two days later a wheelchair foot pedal was noted by the LTCH Inspector to be stored on top of a bedside table in the corridor, adjacent to the identified resident's room. The footrest remained on the bedside table for the length of the inspector's time on the unit, approximately 2 and ½ hours. Upon leaving the unit the inspector brought the foot pedal to the attention of the Director of Care, and it was removed from the corridor.

Inspector ID #:	116, 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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, c. 8, s. 6 (1) (c).
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:
Plan of care does not provide clear directions to staff. Inconsistencies were noted regarding the frequency of an identified resident's responsive behaviour tracking, between the care plan, progress notes, Behavioural Tracking Tool, and the Critical Incident System (CIS) report for incident occurring Sept 21st.

- **CIS indicates monitoring every 15 minutes to be provided to prevent recurrence**

- Behavioural Tracking Tool documentation indicates monitoring every 30 minutes required
- The plan of care indicates monitoring every 30 minutes required
- A progress note indicated monitoring was provided every hour

Inspector ID #:	116, 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 direct care to the resident, to be implemented voluntarily.

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). October 22, 2010