Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Ontario

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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July 9, 2008

Ms. Heather Colyer
Administrator
Casa Verde Health Centre
3595 Keele Street
North York ON M3J 1M7

Dear Ms. Colyer:

Please find enclosed the Long-Term Care Home Review Summary Report for the review of care and services conducted on **June 5, 10, 11, 2008.**

This **Annual** report must be posted for public viewing in a conspicuous place in your Nursing Home, in accordance with Section 123(a) of the *Nursing Homes Act and Regulation 832.*

I would like to remind you that under the *Freedom of Information and Protection of Privacy Act,* all information retained by the Ministry of Health and Long-Term Care relating to your home is subject to public release.

A copy of the report must be available without charge to any resident of the home upon request. The report will also be on file with the Health System Accountability and Performance Division, Performance Improvement and Compliance Branch, Toronto Service Area Office.

Thank you for your co-operation.

Yours sincerely,

Lori Kane, R.N., BScN
Compliance Advisor

Enc
c: Legislative Library
Concerned Friends
OLTCA
OANHSS
CCAC
Compliance Advisor

Home: 1041 /Visit: 2

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual Follow-up	Nursing	2008/06/05 Number of Days 3	1 of 5

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	The following areas of unmet have been deferred during the follow-up visit: M1.6, B3.16, M1.17 and O3.4. The following criterion has been corrected during the follow-up visit: A1.15 A referral will be made to the Environmental Advisor for follow-up on the deferred criteria. The following areas of unment standards/criteria have been re-issued during this follw-up visit:				
B3.17	Risks to each resident's health and safety shall be identified and addressed in ways that consider his/her choice, freedom of movement, dignity and respect, in keeping with other residents' rights. This criterion not met as evidenced by: • Identified residents wearing inappropriately applied seatbelts; seatbelts applied too loose and residents at risk for sliding down in wheelchairs. • Identified resident with seatbelt applied	2008/06/06	All restraints throughout the building were audited for presence of doctors orders, consent, proper position, hourly checklists, and in care plans. Staff on all units/shifts reviewed current lists for resident restraints. A complete audit of all wheelchairs and geri chairs was conducted by Shoppers – all chairs in poor repair were removed from the home and replaced with appropriate equipment	2008/07/15	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	without a physician's order, or direction from the registered nurse. • Identified resident (with order for restraint) not restrained due to seatbelt buckle broken, • Identified resident (with order for restraint) not restrained.		A checklist has been created to facilitate ADOC monitoring of restraint use. Units will be audited daily on an ongoing basis to ensure proper application of restraints Labels on wheelchairs for residents using restraints will be colour-coded to facilitate monitoring. Lap tables in use were reassessed for safety and substituted with seatbelts where appropriate. Consent and doctors orders were obtained. Staff on all units/shifts reviewed current lists for resident restraints. New Policy created for the application of a new restraint. Nursing Supervisor on duty must be notified immediately when a new restraint is being considered and will ensure that the proper procedure has been followed. Education of registered staff will be provided on policy over a 3 week period. Issues arising regarding non compliance with policy will be dealt with through progressive discipline.		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			On an on-going bases, audit will be conducted to inspect the safety and state of repair of resident restraints and compliance with policy. A second full orientation day in classroom will be provided for all new staff to review safety policies and procedures in the home. Outside consultant Shoppers conducted 8 education sessions covering all shifts regarding proper use of restraints and resident positioning. Annual restraint education will continue for all staff Responsibility: DRC/DRS/ADOC/ Charge Nurses Consultants ADOC		
C1.17	Each resident shall receive medication and treatment as ordered by the physician, unless the resident refuses. Criterion not met as evidenced by: • Prescribed treatment not available for identified resident • Prescribed liquid medication not available for	2008/08/15	Education sessions have been scheduled for all registered staff regarding the medication process. This will be Mandatory for registered staff. Audits will be done of the admission and readmission check lists. They are to be handed in to the ADOC (within 48hrs) who will check for	2008/08/15	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	administration on June 2 (evening) and June 3 • Prescribed medication for identified resident not available on June 8 (evening) and June 9 (days) • Prescribed medication for newly admitted resident did not include the dosage or frequency of administration. • Tuberculosis screening not always completed within 14 days of admission (M3.22)		missing information. A tracking tool will be created to facilitate the process and will be updated daily by ADOC Registered staff who are not compliant with policies and procedures will be dealt with through progressive discipline. All charts to be audited by the ADOC's for medication and missing information and corrected. A tracking tool will be created to facilitate the process and will be updated daily by ADOC Education regarding proper procedures will be repeated for registered staff. Effective immediately a second full orientation day in classroom will be provided for all new staff to review medication policies and procedures in the home. A schedule of medication audits will be established to ensure problems are being identified internally, problem solving conducted, and corrective actions implemented and		

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			verified, in order to improve outcomes. A review of all resident charts was conducted to determine which residents were missing TB screening on admission. Identified residents will have screening done immediately. On an ongoing basis audits will be done of the admission check lists. These checklists include administration of TB skin tests. A tracking tool will be created to facilitate the process and will be updated daily by ADOC to ensure that TB screening is completed within 14 days of admission. Responsibility: DRC/ADOC Pharmacy Supervisor/Charge Nurses DRS		