Ontario

**Ministry of Health and Long-Term Care**

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

**Ministére de la Santé et des Soins de longue durée**

**Rapport d'inspection prévue 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**
**Direction de l'amélioration de la performance et de la conformité**

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
TORONTO, ON, M4V-2Y7
Telephone: (416) 325-9297
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
TORONTO, ON, M4V-2Y7
Téléphone: (416) 325-9297
Télécopieur: (416) 327-4486


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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 |
|---|---|---|
| Dec 2, 7, 12, 2011 | 2011_077109_0041 | Other |

**Licensee/Titulaire de permis**

CHRISTIE GARDENS APARTMENTS AND CARE INC
600 MELITA CRESCENT, TORONTO, ON, M6G-3Z4

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

CHRISTIE GARDENS
600 MELITA CRESCENT, TORONTO, ON, M6G-3Z4

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SUSAN SQUIRES (109)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct an Other inspection.**

**During the course of the inspection, the inspector(s) spoke with Vice President of Resident Services, Health Services Team Lead, Registered staff, PSW staff, family members, residents**

**During the course of the inspection, the inspector(s) Conducted walk through of the building, observed residents and staff and resident areas.**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation**

**Residents' Council**

**Findings of Non-Compliance were found during this inspection.**

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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| Legend | Legendé |
|---|---|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités |
| 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.)<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | 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.<br><br>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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. During walk through of the building some unsafe situations were identified.
There is no lock on the tub room doors. Inside one of the tub rooms a spray bottle of unlabeled "disinfectant" was observed on the counter easily accessible to resident.
In the unlocked and open tub room nearest to the Melitaville Lounge the following was observed: a broken automatic open button which had been dismantled and loose exposed wires were hanging out of socket.
In the unlocked and open Melitaville tub room 2 containers of disinfectant cleaners were sitting out in the open and accessible to residents was observed.

***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 is a safe and secure environment for its residents, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following subsections:**

**s. 15. (2) Every licensee of a long-term care home shall ensure that,**
**(a) the home, furnishings and equipment are kept clean and sanitary;**
**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**
**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The refrigerator in the family room is not clean. The food items in the fridge are outdated and spoiled.
The refrigerator is accessible to residents.
Containers of food dated August 3rd contained decomposing substance.
Container of juice expired November 24
Open containers of nutritional supplement without dates noted in the door of the fridge.
The policy provides for nursing staff to ensure that all items are labelled with residents name and the date and that items are not to be in the fridge for more than one week [s15(2)(a)].
2. Observed chipped paint and damaged drywall in the TLC dining room nearest to Melitaville Lounge.
Observed the protective coverings to be falling off of baseboard heaters exposing the heating coils and posing a risk of injury to residents sitting in nearby tables in the dining room [s15(2)(c)].

***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 home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**

**Specifically failed to comply with the following subsections:**

**s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
**(a) the Residents' Bill of Rights;**
**(b) the long-term care home's mission statement;**
**(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
**(d) an explanation of the duty under section 24 to make mandatory reports;**
**(e) the long-term care home's procedure for initiating complaints to the licensee;**
**(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
**(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;**
**(h) the name and telephone number of the licensee;**
**(i) an explanation of the measures to be taken in case of fire;**
**(j) an explanation of evacuation procedures;**
**(k) copies of the inspection reports from the past two years for the long-term care home;**
**(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;**
**(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;**
**(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;**
**(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;**
**(p) an explanation of the protections afforded under section 26; and**
**(q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)**

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**Findings/Faits saillants :**

1. The following required information is not posted in the home, in a conspicuous and easily accessible location.
Resident council minutes [s. 79. (3)(n)].
The explanation of the duty under section 24 to make mandatory reports[s. 79. (3)(d)].
The home's policy to promote zero tolerance of abuse and neglect of residents[s. 79. (3)(c)].
An explanation of the protections afforded under section 26 [s. 79. (3)(p)]

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement**
**Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:**
**1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.**
**2. The system must be ongoing and interdisciplinary.**
**3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.**
**4. A record must be maintained by the licensee setting out,**
**i. the matters referred to in paragraph 3,**
**ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and**
**iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.**

**Findings/Faits saillants :**

1. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents are not communicated to the Residents' Council [s. 228(3)].

**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council**
**Specifically failed to comply with the following subsections:**

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

**Findings/Faits saillants :**

1. The licensee is not providing responses to concerns raised by the Resident's Council in writing within 10 days. The responses from the licensee are provided verbally at the next scheduled meeting.

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.**

**Findings/Faits saillants :**

1. The Licensee has not consulted with the Resident's Council in the past 3 months.

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**
**Specifically failed to comply with the following subsections:**

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The Licensee does not ask the Residents Council's advice for developing and carrying out satisfaction survey and acting on results.

**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

**Specifically failed to comply with the following subsections:**

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

**Findings/Faits saillants :**

1. Residents were not asked or shown food choice during the lunch meal. Sample plates were made up and shown to the remainder of residents after inspector noted this to the staff.
The menu items were not offered and available as per the planned menu for the puree diets at the lunch meal.
Purees meals consisted of Meat, mashed potato, squash, and gravy. There was no alternate choice prepared for the puree menus.

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

**Specifically failed to comply with the following subsections:**

**s. 72. (2) The food production system must, at a minimum, provide for,**
**(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;**
**(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;**
**(c) standardized recipes and production sheets for all menus;**
**(d) preparation of all menu items according to the planned menu;**
**(e) menu substitutions that are comparable to the planned menu;**
**(f) communication to residents and staff of any menu substitutions; and**
**(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,**
**(a) preserve taste, nutritive value, appearance and food quality; and**
**(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. Puree items were not prepared as per planned menu.
Pureed meals consisted of Meat, mashed potato, squash, and gravy. There was no alternate choice prepared for the puree menus according to the planned menu[s72(2)(d)].
2. Foods at the servery are not protected from adulteration and/or contamination during serving activities.
In the small dining area near Melitaville Lounge the food is not protected from contamination during the serving process. Food is placed on steam table and counter top and served by server and there is no physical barrier between the server and the dining room and dining room staff. PSW's, private sitters, and other staff are all within close proximity of server and are not wearing protective hair coverings while standing beside the server who is dishing up the uncovered food[s72 (3)(b)].

***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 foods are protected from contamination before and during serving to the residents, and to ensure that all menu items for all diet types are prepared at each meal, to be implemented voluntarily.***

**WN #10: 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).**

**s. 73. (2) The licensee shall ensure that,**

**(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and**

**(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

**Findings/Faits saillants :**

1. Staff were not appropriately seated while assisting resident with their meal.
Observed 2 different staff members to stand beside a resident to feed them their meal[s.73(1)(11)]
2. Observed a staff person to be feeding 3 different residents their soup while waiting for other staff to arrive to assist[s73 (2)(a)].
3. Residents who required assistance with eating, were served their soup before anyone was available to assist them to eat[s73(2)(b)].

**Issued on this 12th day of December, 2011**

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