

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
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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, 8^{ième} étage
Toronto, ON M4V 2Y7

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JAN 06 2011

Ms. Sandy Hall
Administrator
Extendicare/Bayview
550 Cummer Avenue
North York, ON M2K 2M2

Ministère de la Santé
et des Soins de longue durée

Dear Ms. Hall:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **November 29, 30, 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. Marillo

for Catherine Palmer
LTC Homes Inspector

A. Marillo

for Susan Lui
LTC Homes Inspector

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☐ Licensee Copy/Copie du Titulaire		☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 29 (1/2 day), 30, 2010	Inspection No/ d'inspection 2010_152_2460_29Nov143908	Log No 2875
Licensee/Titulaire Extendicare Southwestern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.] 3000 Steeles Avenue East Suite 700 Markham, Ontario L3R 9W2 Fax- 905-470-5588		
Long-Term Care Home/Foyer de soins de longue durée Extendicare/Bayview 550 Cummer Avenue North York, ON M2K 2M2		
Name of Inspector(s)/Nom de l'inspecteur(s) Catherine Palmer (152) and Susan Lui (199)		
Inspection Summary/Sommaire d'inspection		
☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 3 WN 3 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(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, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. The licensee failed to comply with this requirement.

Inspector ID #: 152 and 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 to ensure residents' care needs are reassessed and plan of care is reviewed when residents' care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 79/10 s. 26(4)(a)(b). The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
- (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

Findings:

1. The licensee failed to comply with this requirement.

Inspector ID #: 152 and 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 to ensure that the home's dietitian completes assessments for those residents that experience change in health condition such as weight loss, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10 s. 69.1 and s.69.2 Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months
4. Any other weight change that compromises the resident's health status.

Findings:

1. The licensee failed to comply with this requirement.

Inspector ID #: 152 and 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 to ensure residents with any weight change that compromises health status including 5 per cent body weight or more in one month, 7.5 per cent or more in three months, and 10 per cent or more over 6 months, are assessed using a multidisciplinary approach and actions are taken and outcomes evaluated, 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).
Cathy Palmer
January 5, 2011
Ausar Sin
Jan 5, 2011