



**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***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**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

Toronto Service Area Office
55 St. Clair Avenue West, 6th Floor
Toronto ON M4V 2Y7

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Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
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Date of inspection/Date de l'inspection May 16, 17, 18, 24, 25, 26, 2011	Inspection No/ d'inspection 2011_162_2460_16May094028	Type of Inspection/Genre d'inspection Complaint Log # T333-11
Licensee/Titulaire Extendicare Canada Inc. 3000 Steeles Avenue East Markham, ON L3R 9W2 (905) 470-4000		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Bayview 550 Cummer Avenue North York, ON M2K 2M2 (416) 226-1331 Fax: (416) 226-2745		
Name of Inspectors/Nom de l'inspecteurs Tiina Tralman 162 Tiziana Picardo 195		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a complaint inspection for issue relating to falls, snacks, sufficient staffing, lack of choice/food shortage, dirty cutlery.

During the course of the inspection, the inspector spoke with: Personal Support Workers (PSW), Registered Staff, Physiotherapist, Occupational Therapist, Food Service Manager, Registered Dietitian, Acting Director of Care, and Administrator.

During the course of the inspection, the inspector reviewed the care plan, progress notes, assessments, reviewed policies and procedures, food handler qualifications, observed food production, dishwashing, meal service and snack service.

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

Falls Prevention
Sufficient Staffing
Snack
Food Quality

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

[6] WN
[3] VPC
[1] CO: CO # 001

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 a 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. 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,

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Identified two residents have a history of falls and are assessed to be on the home's falling leaf program which indicates risk of falls to staff.
 - Registered staff stated to inspectors that both identified residents are at risk for falls and require a fall mattress to be placed on the floor by their bed to be used as a safety precaution
 - Identified resident's care plan does not identify the need for a fall mattress.
 - Inspectors observed both identified residents in bed. Fall mattresses were not placed as per the care plans.



- Identified resident requires side rails. Her care plan is not consistent clear and concise.

Inspector ID #: 162, 195

Additional Required Actions:

VPC - pursuant to the *Licensees Act, 2007*, S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to 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, to be implemented voluntarily.

WN # 2 - The Licensee has failed to comply with LTCHA, 2007, c. 8, s. 6 (10)(c). 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,

(c) care set out in the plan has not been effective.

Findings:

- Identified resident care plan was not reviewed and revised to meet current needs around transferring.
- Inspectors observed staff transferring identified resident from toilet to wheelchair to bed.

Inspector ID #: 162, 195

Additional Required Actions:

VPC - pursuant to the *Licensees Act, 2007*, S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to 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 care set out in the plan has not been effective, to be implemented voluntarily.

WN # 3 - The Licensee has failed to comply with LTCHA, 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:

Identified residents are on the falling leaf program. The care plans do not provide detailed interventions as outlined as safety recommendations in the falling leaf program.

Inspector ID #: 162, 195

WN # 4 - The Licensee has failed to comply with O. Reg. 79/10, s. 78 (3). The licensee shall ensure that food service workers who were employed at the home before this section came into force, and who do not have the qualifications required under subsection (1), complete a food handler training program within three months after the coming into force of this section, unless they meet the requirements under subsection (1) sooner.

Findings:

- On May 26, 2011 inspector reviewed with the Food Service Manager the qualifications of food handlers on the current dietary staffing schedule.
- On May 26, 2011 the Food Service Manager identified dietary staff do not have their food handler training program qualifications.



Inspector ID #:	162
Additional Required Actions: CO # 001 - will be served on the Licensee. Refer to the "Orders of the Inspector" form.	
WN # 5 - The Licensee has failed to comply with O. Reg. 79/10, s. 70 (d). Every licensee of a long-term care home shall ensure that the dietary services component of the nutrition care and dietary services program includes, (d) availability of supplies and equipment for food production and dining and snack service.	
Findings: 1. An identified meal service commenced at approximately 12:05 pm with soup being served in the main dining room. There was a shortage of china soup bowls and approximately 7 soup bowls had to be washed. Soup service did not complete until 12:35 pm. Entrées were served after 12:35 pm with the last entrée served at 1:15 pm followed by the start of dessert service. Identified residents expressed frustration regarding the ongoing problem of late meal service. 2. There was a total of 9 china bowls short for dessert (Jell-O). Staff served dessert in Styrofoam containers of varying sizes. 3. Tray service from the main dining room did not commence until after 1:15 pm. 4. Food Service Manager provided inspector with confirmation of order for small wares for the purchase of china. Furthermore policy entitled "Equipment and Supplies – China", policy number O3-O1-04 was revised to include a total of a circulation and reserve number for china, cutlery and glasses.	
Inspector ID #:	162
WN # 6 - The Licensee has failed to comply with O. Reg. 79/10, s. 72 2(d). The food production system must, at a minimum, provide for, (d) preparation of all menu items according to the planned menu.	
Findings: 1. The spring/summer menu commenced production the week of May 16, 2011. Menu production sheet for lunch meal service on Thursday May 26, 2011 indicates to prepare 47 regular cabbage rolls for the main dining room. Only 40 were prepared. At approximately 12:45 pm there was a shortage of cabbage rolls. Two servings of cabbage rolls were brought over from the Tea Room. However, there remained a shortage of 4 servings as requested by identified residents. 2. Review of Family Council meeting minutes of May 10, 2011 indicated concern with the frequency of running out of food. 3. Review of Food Committee meeting minutes of Feb. 17, 2011 indicated concern with food shortages.	
Inspector ID #:	162
Additional Required Actions: VPC - pursuant to the <i>Licensees Act, 2007</i> , S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to ensure that the food production system, at a minimum, provides for, preparation of all menu items according to	



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**Ministère de la Santé et
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the planned menu, 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:	

Received:

Jun 13 2011 04:32pm

JUN/13/2011/MON 04:43 PM EXTENDICARE BAYVIEW
JUN-07-2011 16:44

FAX No. 416 226 2745

P. 004

P. 07



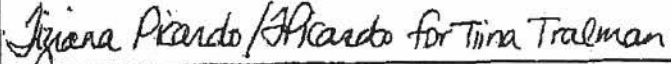
Ontario

MINISTRY OF HEALTH AND
Long-Term Care

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Signature du Titulaire du représentant désigné		representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:		Date of Report:	
Administrator		June 7, 2011	
Date:			
June 13/11			

Re: T-333



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Name of Inspector:	Tiina Tralman	Inspector ID # 162
Log #:	T333-11	
Inspection Report #:	2011_162_2460_16May094028	
Type of Inspection:	Complaint	
Date of Inspection:	May 16, 17, 18, 24, 25, 26, 2011	
Licensee:	Extendicare Canada Inc. 3000 Steeles Avenue East Markham, ON L3R 9W2 (905) 470-4000	
LTC Home:	Extendicare Bayview 550 Cummer Avenue North York, ON M2K 2M2 (416) 226-1331 Fax: (416) 226-2745	
Name of Administrator:	Sandra Hall	

To Extendicare Canada Inc. you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1) (b)
Pursuant to: O. Reg. 79/10, s. 78 (3): The licensee shall ensure that food service workers who were employed at the home before this section came into force, and who do not have the qualifications required under subsection (1), complete a food handler training program within three months after the coming into force of this section, unless they meet the requirements under subsection (1) sooner.			
Order: The Licensee shall prepare and submit a written plan by Friday, June 17, 2011 to ensure that food service workers who were employed at the home before this section came into force, and who do not have the qualifications required under subsection (1), complete a food handler training			



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

program in accordance with O. Reg. 79/10, s. 78 (3).

This plan shall be implemented by Friday September 16, 2011.

The plan is to be submitted to Inspector by Friday, June 17, 2011. Please submit plan to:

Tiina Tralman
Ministry of Health and Long-Term Care,
Performance Improvement and Compliance Branch,
55 St. Clair Avenue West,
Toronto, ON
M4V 2Y7
Fax (416) 327-4486

Grounds:

1. On May 26, 2011 inspector reviewed with the Food Service Manager the qualifications of food handlers on the current dietary staffing schedule.
2. On May 26, 2011 the Food Service Manager identified dietary staff do not have their food handler training program qualifications.

This order must be complied with by:	Friday September 16, 2011
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28

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Direction de l'amélioration de la performance et de la conformité

days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 7th day of June, 2011.

Signature of Inspector:

Name of Inspector:

Tiina Tralman

Service Area Office:

Toronto