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
Toronto Service Area Office

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Division de la responsabilisation et de la performance du système de santé
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JUN 1 1 2008

Mr. Herbert Chambers
Administrator
Fairview Nursing Home
14 Cross Street
Toronto ON M6J 1S8

Dear Mr. Chambers:

Please find enclosed the Public Report for the **Dietary Risk Assessment** conducted on **March 11, 12, 13, 14, 2008.**

This 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 facility is subject to public release.

A copy of the report must be available without charge to any resident of the facility 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 truly,

Cathy Palmer

Cathy Palmer, RD
Dietary Advisor

Encl:

c: Legislative Library
Concerned Friends
OLTCA
OANHSS
CCAC
Compliance Advisor

Ontario

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division

Facility Review Report

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé

Rapport d'inspection d'établissement

Long-Term Care Facility/Établissement de soins de longue durée

Fairview Nursing Home
14 Cross Street
Toronto ON M6J 1S8

Governing body/Organisme responsible

Fairview Nursing Home Limited

Administrator/Directeur général/directrice général

Mr. Herbert Chambers

Approved capacity/Nombre de lits autorisés

108

Type of review/Genre d'inspection	Review date/Date de l'inspection
Dietary Risk Assessment	**March 11, 12, 13, 14, 2008**

Facility Review Report

The mandate of the Ministry of Health and Long-Term Care is to ensure that residents in Ontario Long-Term Care Facilities receive quality care and services.

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Facility Review Program** to monitor the quality of resident care and facilities services. Where Long-Term Care Facilities do not meet Ministry standards, as determined by facility reviews, the home is expected to correct any unmet standards or criteria.

The Health System Accountability and Performance Division of the Ministry of Health and Long-Term Care conducts ongoing quality of care reviews in all Long-Term Care Facilities throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the facility's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care facilities.

Any inquiries related to this program may be directed to:

Manager
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 Ave, West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 212-0934
Facsimile: (416) 327-4486

Rapport d'inspection d'établissement

Le mandat du Ministère de la Santé et des Soins de longue durée est d'assurer aux pensionnaires des établissements de soins de longue durée de l'Ontario des soins et des services de qualité.

Afin d'atteindre cet objectif, le ministère a mis en oeuvre son **Programme d'inspections des établissements de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les établissements de soins de longue durée. Si, selon les inspections, les établissements de soins de longue durée ne se conforment pas aux normes établies par le ministère, ceux-ci deviennent donc responsables pur la correction des normes et critères.non-respectés.

La Division de la responsabilisation et de la performance du système de santé du Ministère de la santé et des Soins de longue durée effectue régulièrement des inspections sur la qualité des soins dans toutes les établissement de soins de longue durée.

Le **Rapport sur les cas de non-conformité aux normes et aux critères** donne les résultats de l'inspection du ministère et le plan de l'établissement de soins de longue durée en ce qui a trait aux mesures correctives à prendre. Ce rapport est un document public et doit être affiché bien en vue dans l'établissement de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
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, 8e étage
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FACILITY REVIEW SUMMARY REPORT

Definition of Terms

The monitoring and evaluation process is based on the standards and criteria contained in the Long Term Care Facilities Program Manual. Each facility has a copy which the public may request to view.

The reviewer considers the following factors in concluding that a standard or criteria has not been met:

- Conditions have been observed that pose actual or potential serious risks to a resident's health, welfare or rights; and/or
- Conditions have been observed that are not as serious but are prevalent or recurring; and/or
- The facility has not made successful efforts to initiate corrective action; and/or
- Conditions have been identified during previous reviews, but have not been corrected within the negotiated time frame for corrective action.

STANDARD MET	***STANDARD NOT MET***
All criteria that were reviewed relating to the identified standard were found to meet the expectations.	One or more criteria that were reviewed relating to the identified standards, did not meet the expectations; and The identified deficiencies met the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA or AREA OF NON-COMPLIANCE.
RECOMMENDATION(S) DISCUSSED	***REFERRAL MADE TO (appropriate discipline/specialty)***
Criteria that were reviewed relating to the identified standard may or may not meet the expectations; but ***identified deficiencies if applicable, do not meet the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA. Recommendations were discussed to enhance the quality of the care, programs and services provided to the residents.***	***Criteria reviewed relating to the identified standard may or may not meet the expectations.*** ***Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance.*** ***A REPORT OF UNMET STANDARD OR CRITERIA may or may not be issued.***

FACILITY REVIEW SUMMARY REPORT

Long-Term Care Facility: Fairview Nursing Home

Date of Review: March 11,12,13,14, 2008 Exit conference March 18, 2008

Type of Review: Dietary Risk Assessment

All or some criteria related to the following standards were reviewed. Comments in the right column reflect the status of the standards at the time of the review AND ARE BASED ONLY ON CRITERIA WHICH WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.

STANDARD	COMMENTS
Resident Care and Services	
Each resident receives care and services consistent with his/her plan of care and with residents' rights outlined in the Bill of Rights.	Standard Not Met The following Area of Non-Compliance is issued as a result of this visit. NHA, R.S.O 1990 Chapter N.7 Section 20.10 (e) A licensee of a nursing home shall ensure that, (e) the care outlined in the plan of care is provided to the resident. Issued on Report of Unmet as B3.23 March 7,8, 2007 and October 31, November 1,2,5 2007. Each resident did not receive nutritional care according to his/her assessed needs and measures were not taken to identify and address problems related to nutrition. B3.24 re-issued from October 31, November 1, 2, 5, 2007 Changes in weight were not evaluated and action was not taken as required. B3.29 re-issued from October 31, November 1, 2, 5, 2007

	Each resident shall be provided sufficient fluids to maintain proper hydration. **B3.33 re-issued from October 31, November 1, 2, 5, 2007** **Each resident who requires assistance or supervision with meals were not positioned to allow appropriate socialization and proper feeding techniques.** **B3.25 Issued** **The food and fluid intake of each resident who is identified at nutritional risk is not monitored.** Discussion Identified residents order pureed texture were not observed to be offered choice at identified dinner meal March 11, 2008 (B3.28)
Facility Organization and Administration	
There is a comprehensive, co-ordinated, facility-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the facility.	**The following Area of Non-Compliance is issued as a result of this visit.** **NHA, R.S.O. Chapter N.7 Section 20.11 A licensee of a nursing home shall ensure that a quality management system is developed and implemented for monitoring, evaluating, and improving the quality of the accommodation, care, services, programs and goods provided to the residents of the nursing home. 1993, c.2,s.33.** **Previously issued on report of unmet as P1.23 March 7,8 2007 and October 31, November 1, 2, 5, 2007** **Hot foods were not served to residents at a minimum of 60 Degrees Celsius and cold foods were not served at a maximum of 5 Degrees Celsius, excluding tube feedings.**

Dietary Services	
There is an organized program of dietary services to respond to residents' nutritional care needs and to provide safe, personally acceptable, nutritious food to residents.	**Standard Not Met** **P1.11 re-issued from October 31, November 1, 2, 5, 2007** **Not all facility staff involved in food preparation or service have completed a food safety awareness program, offered by the board of health.** **P1.22 re-issued from October 31, November 1, 2, 5, 2007** **The portion size for menu items was not followed.** **P1.24 re-issued from October 31, November 1, 2, 5, 2007** **Regarding the pleasurable dining experience, meals were not served in an unhurried manner and in comfortable dining areas equipped to meet the meal service requirements of residents.** **P1.38 issued** **Staffing requirements for food handlers were not at a minimum of 0.4 hours per meal day.** Discussion 1. Discussion was held with food service manager to ensure that diet information and terminology on diet sheets is consistent with physician order and care plan. 2. Discussion was held with food service manager regarding meal service. • Some residents were observed to receive dessert while they were eating their main entrée (P1.21). • Table rotation was not consistently practiced in the unit

	dining rooms. • Seating plans were not readily available in unit dining rooms during the course of the review. The food service manager confirmed that seating plans were being updated (P1.24). • Some observed meals were noted to start 15-20 minutes late over the course of the dietary review. 3. Discussion was held with the home's food service manager regarding provision of a variety of fluids to residents ordered thickened fluids. Identified residents ordered thickened fluids were observed to receive grape juice at consecutive meals and snacks. 4. Discussion was held with food service manager regarding snack service. PM snack and fluids on March 13, 2008 did not coordinate with the planned snack menu (P1.27). Criterion P1.25 was resolved during this dietary risk assessment.

Home: 2723 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	1 of 12

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 purpose of this visit was to conduct a risk assessment in the home due to numerous issues previously identified. This assessment includes follow up to RT0069. Criterion P1.25 was resolved during the dietary risk assessment.				
NHA/20(10)	NHA, R.S.O 1990 Chapter N.7 Section 20.10(e) B3.23 Issued on Report of Unmet as B3.23 March 7,8, 2007 and Oct. 31, Nov. 1,2,5, 2007 A licensee of a nursing home shall ensure that, (e) the care outlined in the plan of care is provided to the resident. This section has been contravened as evidenced by the following set out below. And with reference to the Unmet Standard and Criterion of the Long-Term Care Facility Program Manual: Each resident shall receive nutritional care according to his/her assessed needs and	2008/05/02	1. PSW and Registered staff were inservied on this Standard on March 20, April 1 & 2, 2008. Staff were made aware of thickened fluids lists on food carts, coffee carts and unit dining rooms. Daily monitoring will be done. Weekly monitoring will be done. CQI audits will be conducted every 2 weeks and then monthly. 2. Inservice provided to Dietary staff, PSW's and Registered staff on March 20, April 1 & 2, 2008. Daily monitoring of special diet interventions at mealtime.	2008/05/02	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	2 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	measures shall be taken to identify and address problems related to nutrition. This criterion is not met as evidenced by: 1. Residents requiring thickened fluids received thin fluids contrary to care plan direction. (Resident #11, #13, #16). One resident received thickened fluids for which there was no order (Resident #5). 2. Identified residents did not receive special diet interventions at identified meals (Resident #5, #13, #14) (examples include double portions, 1.5 portions, prune juice) 3. Identified residents did not receive their therapeutic diets as per memu direction (Resident #2, #7, #8, #12, #16). Examples include modified diabetic renal, modified fat, modified reducing gluten free diet, diabetic restricted/reducing, restricted energy, and modified fat at observed meals. All resident prescribed pureed texture on first floor were not offered pureed cottage cheese or alternative protein as per menu at breakfast meal March 12, 2008. 4. Supplement order for resident #6, assessed		Weekly monitoring to be done. 3. All dietary staff were inserviced how to follow directions regarding preparation of special diet as per menu on Mar. 20, Apr. 1 & 2, 2008. Daily monitoring of therapeutic diets is being done. Dietitian will review all therapeutic diets. 4. Registered staff inserviced regarding transcription of Rx, and ensuring physician Rx's are followed on March 13, 14, 2008. Nurses on 3 shifts daily following when Rx is written, and will check orders for accuracy. All new admissions Rx's are checked. CQI auditing regarding transcription of medication orders is done daily. 5. Documentation for identified resident at high nutritional risk was completed on March 17/08. CQI audit report will be done monthly to ensure		

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	3 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	to be at high nutritional risk, was not carried over to the MAR (Medication Administration Record). 5. There is no nutrition documentation for resident #9, assessed to be at high nutritional risk, since September 2007.		all residents identified at high nutritional risk have been assessed as per Standard. Responsibility DOC Registered Staff/FSS/DOC RD Designate		
NHA/20(11)	NHA, R.S.O. Chapter N.7 Section 20.11 P1.23 Previously issued on report of unmet as P1.23 Mar. 7,8, 2007 and Oct. 31, Nov. 1,2,5, 2007 A licensee of a nursing home shall ensure that a quality management system is developed and implemented for monitoring, evaluating, and improving the quality of the accommodation, care, services, programs and goods provided to the residents of the nursing home. 1993. c.2, s.33. Hot foods shall be served to residents at a minimum of 60 Degrees Celsius and cold foods shall be served at a maximum of 5 Degrees Celsius, excluding tube feedings.	2008/04/18	1. Refrigerators on units were checked by maintenance on Mar. 13/08 and are functional. Dietary staff received inservice regarding the importance of food temperatures on March 17 & 18, 2008. If the refrigerator on unit is not at desired correct temperature, then food will be placed in another refrigerator. Food temperatures are checked daily at each meal and recorded. Dietary monitoring to ensure food temperatures are checked. CQI monitoring is done daily.	2008/04/18	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	4 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	1. Temperatures of menu items coming out of the third floor refrigerator were well above maximum of Five Degrees Celsius. 2. Minced and pureed hot foods were served below minimum temperature of 60 Degrees Celsius at observed dinner meal on second floor March 11, 2008. There was insufficient room in the second floor steam well to hold all menu items. 3. Menu items for residents requiring tray service were pre-portioned in well in advance of actual meal service to respective residents. Temperatures of hot foods were well below minimum of 60 Degrees Celsius. 4. Dietary staff did not take temperatures at point of meal service (breakfast) March 12, 2008. A review of the Home's temperature audits indicates that dietary staff members are not consistently monitoring temperatures of menu items at point of meal service.		2. Dietary staff, PSW's, and Registered staff Inservice on March 20, April 1 & 2, 2008 regarding not plating foods for residents requiring tray service prior to feeding them as pre portioned causes food temperatures to drop. Daily monitoring by Registered staff and FSS. Daily monitoring will be done re minced and pureed foods. Monitoring at all meal times. CQI monitoring of food temperature is done daily. 3. Inservice provided to dietary staff regarding temperatures monitoring at point of service on March 20, April 1 & 2, 2008. Daily monitoring to ensure that residents receiving tray service did not have their meal proportioned.. Daily monitoring of temperature log is being done CQI monitoring weekly to ensure compliance.		

Home: 2723 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	5 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Responsibility Environmental Supervisor FSS Dietary Aides DOC Registered Staff Administrator		
B3.24	B3.24 re-issued from October 31, November 1,2,5,2007. Each resident's height shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently at least monthly. Changes in weight shall be evaluated and action shall be taken as required. This criterion is not met as evidenced by: 1. There was no evaluation and subsequent referral to the home's registered dietitian for 2 identified residents with significant weight loss. (Resident #3, #11)	2008/03/31	Immediate Identified residents were evaluated and documentation completed and referral made to Dietitian. Resident #3 was placed on weekly weight monitoring. Registered staff were inserviced on this standard on March 20 and 31, 2008 Short Term All residents' weights will be evaluated and referrals made to R.D. Remaining Registered staff will be inserviced by Apr. 7, 2008. Long Term	2008/03/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	6 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Weights will be monitored monthly. Monthly audits will be conducted regarding documentation and appropriate referrals to dietitian. Referrals will be placed in dietitian binder. Responsibility: Registered staff, F.S.S., D.O.C., R.D., Designate		
B3.29	B3.29 re-issued from Oct. 31, Nov. 1,2,5, 200 Each resident shall be provided sufficient fluids to maintain proper hydration. This criterion is not met as evidenced by: 1. Residents prescribed thickened fluids were not offered water and milk as per menu at three consecutive meals, March 11 and 12, 2008. 2. Residents on first floor were not offered milk as per menu at breakfast on March 12, 2008.	2008/03/31	Immediate Daily monitoring of residents on thicken at mealtimes to ensure they are offered water, milk, juices, etc. id being done. Staff have been inserviced re residents on thickened liquid on March 20, April 1 and 2, 2008. Show staff where lists are located on serving cart, food carts, and unit dining room. Registered staff to monitor that residents ordered thickened liquids receive it. This will be done by Registered Nurses accompanying P.S.W. staff while giving snacks. Monitoring will be done daily.	2008/03/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	7 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			All staff should be inserviced by Apr. 15, 2008. Short Term Monitoring will be done weekly. Long Term To meet compliance on this standard. Responsibility: Charge Nurse, F.S.S. & D.O.C. Assistant Administrator and Administrator Registered Nurse		
P1.11	P1.11 re-issued from Oct. 31, Nov. 1,2,5, 2007 Facility staff involved in food preparation or service shall participate in a food safety awareness program, offered by the board of health. This criterion is not met as evidenced by: 1. 21% of food handlers do not have valid certification in food safety awareness course and there is no plan in place for these workers to obtain certification.	2008/05/20	Immediate All staff identified have been scheduled for April 8/08 and have been given this information in writing to attend Food Safety Awareness Course. Any one unable to attend with a valid excuse will be re-scheduled for May 2008. Short Term New staff hired in dietary will be enrolled in or have completed Food Service Workers Program. Long Term To meet compliance on this standard.	2008/05/20	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	8 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Responsibility: F.S.S., Assistant Administrator and Administrator		
B3.33	B3.33 re-issued from Oct. 31, Nov. 1,2,5, 2007 Each resident who requires assistance or supervision with meals shall be positioned to allow appropriate socialization and proper feeding techniques. This criterion is not met as evidenced by: 1. Identified residents were improperly positioned to safely receive food and fluids in bed at observed meals (Resident #10, #15, #18).	2008/03/31	Immediate Inservice provided to P.S.W., Registered staff on March 20 and April 1, and scheduled for Apr. 3 and 4, 2008. Positioning of residents at mealtimes is monitored at each mealtime. The remaining staff will be inserviced by April 8, 2008. Short Term Monitoring will be done twice weekly. Results be submitted to CQI Committee. Long Term To meet compliance on this standard. Responsibility: D.O.C. and Physiotherapist Registered staff Assistant Administrator and Administrator	2008/03/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	9 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
P1.22	P1.22 re-issued from Oct. 31, Nov. 1,2,5, 2007 The portion size for menu items shall be posted for serving staff and followed unless otherwise specified by the residents' requirements. This criterion is not met as evidenced by: 1. Portion sizes were not followed at observed meals March 11, 12, 13, 2008 according to the planned menu for regular, therapeutic, and texture modifications.	2008/04/18	Immediate Staff have been inserviced on portion sizes prior to mealtimes on a daily basis on March 12, 17 and 18, 2008. Remaining staff will receive inservice by April 8, 2008. Ongoing monitoring will be done daily for breakfast and lunch. If non compliance, this will be corrected and brought to the attention of FSS and DOC. Short Term Further inservices will be done as needed. Long Term Results will be reported to CQI Committee. To meet compliance on this standard. Responsibility: Cook F.S.S., Assistant Administrator Administrator	2008/04/18	Accetped
P1.24	P1.24 re-issued from Oct. 31, Nov. 1,2,5, 2007 To provide a pleasurable dining experience, meals shall be served in an unhurried manner, in comfortable dining areas equipped to meet	2008/04/18	Immediate 1. Laundry service was notified of problem and is aware that tablecloths should be dry before use. Inservice provided to laundry personnel on	2008/04/18	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	10 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	the meal service requirements of residents. This criterion is not met as evidenced by: 1. Main dining room was not reset with clean table cloths at observed lunch meal March 13, 2008: Damp table cloths were set on tables in second and third floor unit dining rooms March 11, 2008 (noted by Environmental Advisor) 2. Soiled dishes and cutlery were not collected between courses at observed meals March 12 and 13, 2008 resulting in cluttered tables. Other meal service examples discussed.		Apr. 1/08. All relief staff and other personnel involved in setting tables by Apr. 8, 2008. 2. Staff are instructed regarding collection of soiled dishes and cutlery between courses. Ongoing monitoring will be done at each meal until resolved. Short Term Weekly audits to be done to ensure compliance. Long Term Facility will be compliant in this area. Responsibility D.O.C. or designate F.S.S., Environmental Supervisor, Assistant Administrator and Administrator		
N/A	The following new criteria were issued during the dietary risk assessment.				
B3.25	The food and fluid intake of each resident who is identified at nutritional risk shall be monitored and steps shall be taken to address problems. This criterion is not met as evidenced by:	2008/04/30	Immediate Inservices regarding accuracy and consistent documentation on Flow Sheets were conducted in groups and 1 to 1 for all P.S.W.s. – done on March 13, 14, 20 and 24, 2008.	2008/04/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	11 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	1. Food and fluid intake at meals and snacks is not consistently documented for residents at nutrition risk. Resident food/fluid intake records were incomplete and were not consistently accurate (eg. Identified residents refusing food at observed meals and intake records showed Full intake).		Flow sheets are monitored each shift and discrepancies reported to D.O.C. Non compliance by staff will result in progressive discipline. Short Term Bi-weekly monitoring of flow sheets are to be done by D.O.C. Long Term Facility will be compliant in this area. Responsibility: Registered staff and D.O.C. Charge Nurses Assistant Administrator and Administrator		
P1.38	Staffing requirements for food handlers shall be a minimum of 0.4 hours per meal day. This criterion is not met as evidenced by: 1. The current dietary staffing pattern for food handlers falls short 3.86 hours per day as per staffing patterns for 108 long term care residents. Food handler staffing requirements is 45.36 hours per meal day. Information provided revealed that food handlers perform	2080/03/28	Immediate As of March 24, 2008, dietary staffing pattern has been changed to meet the Ministry criterion of 45.36 hours. Short Term To be monitored weekly by F.S.S. Long Term Facility will be compliant in this area	2008/03/28	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2723	FAIRVIEW NURSING HOME 14 CROSS STREET TORONTO ON M6J 1S8	Others Dietary Risk Assessment	Nutritional	2008/03/11 Number of Days 4	12 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	two hours of housekeeping duties in the dining room daily within the schedule of 43.5 hours subsequently providing only 41.5 food handler hours per meal day. These housekeeping duties captured within the home's minimum food handler staffing patterns does not meet the required 0.42 hours (45.36 hours) per meal day at Fairview Nursing Home.		**Responsibility:** **F.S.S.** **Assistant Administrator and Administrator**		