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

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 212-0934
Fax: (416) 327-4486

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
Toronto ON M4V 2Y7
Téléphone : (416) 212-0934
Télécopieur : (416) 327-4486

Remote Offices:
Performance Improvement and Compliance Branch

3rd Floor
465 Davis Drive
Newmarket ON L3Y 8T2 1-800-486-4935
Fax : 1-905-954-4702

34 Simcoe Street
Barrie ON L4N 6T4 Fax : 1-705-739-6473

APR 0 3 2008

Major Roy Snow
Administrator
Isabel and Arthur Meighen Manor
155 Millwood Road
Toronto ON M4S 1J6

Dear Major Snow:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **November 16, 17, 20 & 23. 2006**.

This **Environmental Referral** report must be posted for public viewing in a conspicuous place in your Home for the Aged, in accordance with Section 54(a) of the *Charitable Institutions Act and Regulation 69.*

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,

Amanda Williams, BSc., BASc., CPHI(C)
Environmental 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

Isabel and Arthur Meighen Manor
155 Millwood Road
Toronto ON M4S 1J6

Governing body/Organisme responsable

The Governing Counil of the Salvation Army

Administrator/Directeur général/directrice général

Major Roy Snow

Approved capacity/Nombre de lits autorisés

160

Type of review/Genre d'inspection

Review date/Date de l'inspection

Environmental Referral
November 16, 17, 20 & 23, 2006

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
Toronto ON M4V 2Y7
Téléphone: (416) 212-0934
Télécopier: (416) 327-4486

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: Isabel and Arthur Meighen	
Date of Review: November 16, 17, 20 & 23, 2006	
Type of Review: Environmental Referral RT0086	
Updates of any care, programs and services being provided by the facility:	
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 THAT 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, and the *Health Care Consent Act* and the *Substitute Decisions Act*.	**Standard met.** The following discussion points were held with the Home: - Ensure expectations and responsibilities for monitoring resident personal belongings are clearly defined and adhered to (i.e. refrigerators, window AC units, etc). - Ensure chemicals are contained in labeled containers at all times. - Ensure call bell cords are made accessible to residents at all times. (B3.16)
Facility Organization and Administration	
The program and resources of the facility are organized to effectively manage the facility and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives.	**Standard met.** The following discussion was held with the Home to ensure all environmental policies and procedures give clear and concise direction to staff (M1.6).
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.	**Standard met.** The following discussion was held with the Home to continue to develop and implement their Environmental CQI program and to ensure all activities are documented (M2.2; M2.5).

STANDARD	COMMENTS
There are co-ordinated risk management activities designed to reduce and control actual or potential risks to the safety, security, welfare and health of individuals or to the safety and security of the facility.	**Standard not met.** **M3.10 There shall be written contingency plans for handling internal disasters (including missing residents, bomb threats, fires, loss of essential services, service disruption). This criterion has not been met.** **M3.23 All staff shall participate in the facility-wide infection control program and shall be made aware of and practice measures to prevent or minimize the spread of infection. This criterion has not been met as evidenced by:** 1. Insufficient equipment and practices were noted for the safe laundering of personal clothing. 2. Insufficient storage, cleaning and disinfecting practices were noted in identified areas of the Home. The following discussion points were held with the Home: - Ensure all policies and procedures give clear and concise direction to staff (M3.26). - Ensure appropriate chemicals and contact times are adhered to at all times (M3.23) - Ensure laundry is transported and handled in a safe manner at all times (M3.21).
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	**Standard met.**
The facility, including furnishings and equipment, is maintained.	**Standard met.**
The facility, including furnishings and equipment, is kept clean.	**Standard met.** The following discussion was held with the Home to continue with the housekeeping program and to ensure areas identified during the exit conference are addressed in a timely manner (O3.1).
Laundry services are organized to meet the linen and personal clothing needs of residents.	**Standard not met.** **O4.10 There shall be a system to regularly check for misplaced or unlabeled articles. This criterion has not been met as evidenced by:** 1. Misplaced, improperly labeled and/or unlabelled articles in resident wardrobes.

Home: c603 /Visit: 5

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
C603	ISABEL AND ARTHUR MEIGHEN MANOR 155 MILLWOOD ROAD TORONTO ON M4S 1J6	Others Referral RT0086	Environmental	2006/11/16 Number of Days 4	1 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
M3.10	There shall be written contingency plans for handling internal disasters (including missing residents, bomb threats, fires, loss of essential services, service disruption). This criterion has not been met.	2007/03/23	The IAMM will develop an emergency preparedness plan which will include the following: Code Black (Bomb Threat); Code Orange (External Disaster); Natural Disaster; loss of essential services. This will be placed in every Emergency Manual within the building.	2007/03/23	Accepted
M3.23	All Staff shall participate in the facility-wide infection control program and shall be made aware of and practice measures to prevent or minimize the spread of infection. This criterion has not been met as evidenced by: 1. Insufficient equipment was noted for the safe laundering of personal clothing (04.29). 2. Clean and soiled laundries are not kept separate to minimize microbial contamination (04.31). 3. Insufficient cleaning and disinfecting practices was noted in the beauty salon. 4. Housekeeping staff were observed to not consistently disinfect contact surfaces in resident bedrooms and washrooms.	2007/01/31	The IAMM will discuss with the building engineers and architects the possible solutions for this challenge. Both the laundry rooms' configuration and water temperature will be dealt with. Until a permanent solution is found to the physical layout of the current laundry, the following procedures will be adhered to: 1. All dirty personal clothing will be kept in a soiled utility cart until it is placed in washing machine. 2. The soiled cart will be removed from the area of the washer and dryer. 3. The laundry aid will wear disposable gloves and gowns when handling soiled clothing which will be discarded before handling cleaning	2007/01/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
C603	ISABEL AND ARTHUR MEIGHEN MANOR 155 MILLWOOD ROAD TORONTO ON M4S 1J6	Others Referral RT0086	Environmental	2006/11/16 Number of Days 4	2 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	5. Shower chairs, bathtubs and mechanical lifts were noted to be improperly cleaned and disinfected between resident use. 6. Insufficient storage, cleaning and/or disinfecting of personal care equipment was noted throughout the Home (i.e. bedpans, washbasins, nail clippers, shared unlabelled brushes and deodorant sticks).		clothing. 4. Clean clothing will be delivered to each RHA in a clean linen cart. In conjunction with the owner of the Hairdressing salon, a policy will be developed to ensure safe disinfecting practices. All hairdressers will be educated on the best practice. A monthly audit will be conducted to ensure that the parameters of the policy are being met. Housekeeping staff will be retrained in the correct cleaning procedures and use of proper disinfectants. Housekeeping audits will be done more frequently to observe staff performances. 1. A policy will be developed to ensure ongoing cleaning and disinfecting of equipment, particularly after each resident use 2. All care staff to be reeducated on their responsibility regarding the cleaning and disinfecting of equipment. 1. Policy to be developed for the correct		

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
C603	ISABEL AND ARTHUR MEIGHEN MANOR 155 MILLWOOD ROAD TORONTO ON M4S 1J6	Others Referral RT0086	Environmental	2006/11/16 Number of Days 4	3 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			procedure for cleaning, disinfecting and storing of personal care equipment. 2. Staff to be reeducated on the correct procedure. All personal items to be labeled and kept in locked drawer in residents' washroom 3. Random Audits will be conducted to ensure policy is Being followed.		
O4.10	There shall be a system to regularly check for misplaced or unlabelled articles. This criterion has not been met as evidenced by: 1. Misplaced, improperly labeled and/or unlabelled articles were noted in several resident wardrobes. The Compliance Plan is due December 7, 2006.	2007/01/31	1. A labeling policy will be developed which will be shared with resident and or/POA upon admission. 2. A policy outlining distribution of clean personal clothing to the resident's room. This will ensure that all personal clothing is properly labeled and delivered to the appropriate resident. 3. Closet audits will be completed monthly for each resident. Responsibility DSS DOC ADOC	2007/01/31	Accepted