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
Direction de l'amélioration de la performance et de la conformité
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Performance Improvement and Compliance Branch

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Newmarket ON L3Y 8T2 1-800-486-4935
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34 Simcoe Street
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April 14, 2008

Ms. Maria Kiebalo
Administrator
Ivan Franko Home (Etobicoke)
767 Royal York Road
Etobicoke ON M8Y 2T3

Dear Ms. Kiebalo:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **January 22, 23, 24 and 25, 2008.**

This **Annual** 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,

Susan Squires, R.N., BScN
Compliance 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

Ivan Franko Home (Etobicoke)
767 Royal York Road
Etobicoke ON M8Y 2T3

Governing body/Organisme responsable

Ukranian Home for the Aged

Administrator/Directeur général/directrice général

Ms. Maria Kiebalo

Approved capacity/Nombre de lits autorisés

85

Type of review/Genre d'inspection

Review date/Date de l'inspection

Annual report - January 22, 23, 24 and 25, 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
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: Ivan Franko Home (Etobicoke)

Date of Review: January 22, 23, 24, 25, Exit 28, 2008

Type of Review: Annual Review

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 Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	Standard met. Discussion held regarding need to develop formal mechanisms for receiving, investigating, and responding to suggestions, requests and complaints. There currently lacks a formal process in the home for logging complaints. Some resident council concerns missing formal written response from the home.

STANDARD	COMMENTS
There is a facility-specific written admission agreement in place to delineate the accommodation, care, services, programs and goods that will be provided to the resident and, the obligations of the resident with respect to their responsibilities and payment for service.	Standard met.
Resident Care and Services	
Each resident's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	Standard not met. B 1.6 Issued. Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities. Quarterly nursing assessments not updated for identified residents, quarterly skin assessments not completed for identified residents, quarterly continence assessments not completed for identified residents.
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	Standard met.

STANDARD	COMMENTS
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.** **Discussions held regarding need to ensure that residents offered 2 baths per week and preferences documented on the plan of care.** **Discussions held regarding the need to ensure that bowel protocols are followed for residents identified as being constipated. MAR records for identified residents did not have details of laxative administered to the resident.** **Discussion held regarding the need to ensure that residents are given choice for menu selections.** **Discussion held regarding the need to ensure that residents are given proper diet as ordered by physician and dietitian.**
There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	**Standard met.**
All significant information about each resident is documented in his/her record.	**Standard met.**
Nursing Services	
There is an organized program of nursing services to meet residents' nursing and personal care needs, consistent with the professional standards of practice of the College of Nurses of Ontario.	**Standard met.**

STANDARD	COMMENTS
Staff Education	
There is an organized orientation program that responds to the learning needs of new staff.	Standard met.
There is an organized in-service education program that responds to the assessed learning needs of staff.	Standard met.
Recreation and Leisure Services	
There are recreation and leisure services organized to provide age-appropriate recreation, leisure, and education opportunities based on and responsive to the abilities, strengths, needs, interests and former lifestyle of the residents.	Standard met.
Social Work Services	
There is an organized program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs.	Standard met.
Spiritual and Religious Program	
There is an organized spiritual and religious care program to respond to the spiritual and religious needs and interests of the residents.	Standard met.
Therapy Services	
There is an organized program of therapy services or arrangements made to access available therapy services to meet residents' identified therapy needs.	Standard met.

STANDARD	COMMENTS
Volunteer Services	
There is an organized program of volunteer services.	Standard met.
Other Approved Programs	
Other programs/services provided by the facility are organized to provide services to respond to residents' identified needs/preferences.	Standard met.
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. Discussion held regarding the need to ensure that supplies and equipment be provided and readily available for use to support safe and effective care and service to residents. Personal care basins for washing were not available for individual resident use.
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. Discussions held regarding the need to ensure that each program and service within the facility is included in the quality monitoring program for monitoring, evaluating and improving quality and that staff from all programs and services are involved in these activities.
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 met. Discussion held regarding the need to ensure that safety systems be in place and policies, procedures and practices be implemented to identify and minimize risk to residents. Staff observed to carry large hot metal soup pots from table to table to serve soup to residents posing a risk

STANDARD	COMMENTS
There is an organized system of records management which includes the components of collection, access, storage, retention and destruction of records.	Standard met.
Medical Services	
Medical services are organized to meet residents' medical needs, including assessment, planning and provision of residents' individualized medical care, consistent with professional standards of practice.	Standard met.
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	Standard met. Discussions held regarding the need to ensure that hot water temperatures serving resident do not exceed 49°C. hot water temps exceeded acceptable levels during visit. The home responded by arranging service to plumbing. Discussion surrounding practice of calibrating thermometer to ensure accuracy of readings.
The facility, including furnishings and equipment, is maintained.	Standard met.
The facility, including furnishings and equipment, is kept clean.	Standard met.
Laundry services are organized to meet the linen and personal clothing needs of residents.	Standard met.

STANDARD	COMMENTS
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 met.** **Discussion held regarding the need to ensure that food is not placed out before resident can be provided assistance to eat. Soup was pre-poured and place at dining tables. Residents were offered main course before entrée was eaten.** **Discussion held regarding the need toe ensure that menus include therapeutic diets including textures.** **Discussion held regarding the need to ensure that the menu is posted for residents to read and that changes are communicated to the residents.** **Discussion held regarding the need to ensure that food is dished up using appropriate portioning utensils. Staff was not aware of serving sizes.** **Discussion held regarding the safe storage of natural laxative. The home is encouraged to develop a practice for the safe storage of this substance.**
Diagnostic Services	
The facility makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	**Standard met.**
Pharmacy Services	
There is an organized program for the provision of pharmacy services to meet the residents' identified needs.	**Standard met.**

STANDARD	COMMENTS
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services.	Standard met.
The prescription ordering and transmission of orders support the safe provision of drugs to residents.	Standard met.
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	Standard met.
A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient detail to enable accurate tracking, reconciliation and auditing, in accordance with applicable legislation.	Standard met.
All drugs and biologicals are stored under proper conditions of sanitation, temperature, light, humidity and security.	Standard met.
Disposal of drugs is in accordance with established Ministry policy.	Standard not met.
There is a system for immediate reporting of each medication error and adverse drug reaction, with specific follow-up action to be taken.	Standard met.

Home: c530 /Visit: 2

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
C530	IVAN FRANKO HOME(ETOBICOKE) 767 ROYAL YORK ROAD ETOBICOKE ON M8Y 2T3	Annual Annual 2008	Nursing	2008/01/22 Number of Days 5	1 of 1

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
B1.6	The following areas of unmet standards/criteria were issued during the 2008 Annual Review and will be followed up. Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities. This criterion was not met as evidenced by: - Quarterly nursing assessments not updated for several identified residents. - Quarterly skin assessments not completed for identified residents - Quarterly continence assessments not completed for several identified residents	2008/03/01	To have a meeting with Registered Staff regarding: MOHLTC Compliance Review Report of Unment Standard/Criteria January 22, 23, 24 and 25, 2008 To review LTC Manual Standard B1.6 with all Registered Staff. IMMEDIATE CORRECTIVE ACTION PLAN: Quarterly nursing assessments will be audited on a by-weekly basis to make sure they are updated according to the schedule. All quarterly assessments will be audited on a weekly basis to ensure they are completed and reconciled with the quarterly nursing assessments. Responsibility: DON	2008/02/08	Accepted