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
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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, 8e étage
Toronto ON M4V 2Y7
Téléphone : (416) 327-8952
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Ontario

APR 0 8 2008

Mr. Bob Petrushewsky
Administrator
Kipling Acres
2233 Kipling Avenue
Etobicoke ON M9W 4L3

Dear Mr. Petrushewsky:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **May 28, 29, 31, 2007.**

This **Environmental Referral Follow-Up** report must be posted for public viewing in a conspicuous place in your Home for the Aged, in accordance with Section 64(a) of the *Homes for the Aged and Rest Homes Act and Regulation 637.*

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,

Mary Diamond RN, BA, MS, CGN(c)
Compliance Advisor

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

MD/AW/rs
Encl:
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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

Kipling Acres
2233 Kipling Avenue
Etobicoke ON M9W 4L3

Governing body/Organisme responsable

City of Toronto, Homes for the Aged Division.

Administrator/Directeur général/directrice général

Mr. Bob Petrushewsky

Approved capacity/Nombre de lits autorisés

337

Type of review/Genre d'inspection

Follow-up to Environmental Referral (RT.0145)

Review date/Date de l'inspection

May 28, 29, 31, 2007

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:
Director
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) 327-8952
1-800-595-9394 (Toll Free)

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:
Directeur ou directrice de la 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) 327-8952
1-800-595-9394 (Appels sans frais)

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: Kipling Acres

Date of Review: May 28, 29 & 31, 2007

Type of Review: Environmental Referral RT0145 Follow-up (November 23, 24, 27, 28 & December 1, 2006

Updates of any care, programs and services being provided by the facility:

- Area of Non-Compliance issued under HFA & RHA Act R.S.O. 1990, C H 13 s 2 (18) issued December 1, 2006 during referral visit RT0145 (previously issued Oct 2005 and July 2006 as M3.23) is now in compliance.
- Unmet criterion O2.3 issued December 1, 2006 during referral visit RT0145 is now in compliance.

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 not met.** **A1.11-2 Re-issued From 2006 Annual Review** **Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. This criterion has not been met as evidenced by:** - 2 identified residents were noted to be bathed in cold shower rooms- below minimum temperatures. - Residents were not provided with appropriate footwear. - An identified staff were observed to speak inappropriately to an identified resident - An identified resident was observed to not be provided with alternative accommodations during room painting to meet her needs. The following discussion was held with the Home to ensure resident rights, dignity and a home-like environment is maintained in regards to the Home's soiled linen carts (A1.11).

STANDARD	COMMENTS
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.** A discussion was held with the Home to ensure privacy curtains provide complete privacy to residents (M1.19).
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.** A discussion was held with the Home to continue to improve their CQI program (M2).
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.** **M3.21 The infection control program shall include sanitation practices, surveillance and outbreak management protocols, facility policies and procedures, other legislated requirements, and education and consultation to support the policies and procedures. This criterion has not been met as evidenced by:** - PPE's were observed to not be in use; readily available to staff; and/or have equipment to appropriately dispose of said items. - Staff was not clear as to infectious status of residents. - Signage was not always present for residents on isolation precautions. - Clean linen were not always covered on the units. **M3.3 Re-issued Safety systems shall be in place and policies, procedures, and practices shall be implemented to minimize hazards to residents, staff and visitors. This criterion has not been met as evidenced by:** - Resident access to potential hazardous conditions and substances were noted. - Resident elopement during scheduled fire testing May 22, 2007 was noted. A discussion was held with the Home to ensure clean linen and items are stored in a sanitary manner (M3.23).
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	**Standard met.**

STANDARD	COMMENTS
The facility, including furnishings and equipment, is maintained.	**Standard not met.** **Criterion O2.1 remains outstanding.** **Additional examples were noted and discussed with the Home.**
The facility, including furnishings and equipment, is kept clean.	**Standard not met.** **Criterion O3.1 remains outstanding.** **Additional examples were noted and discussed with the Home.** The following discussion was held with the Home: - Continue with your privacy curtain cleaning schedule (O3.1). - Continue to address areas of pervasive odors (O3.4).
Laundry services are organized to meet the linen and personal clothing needs of residents.	**Standard met.** A discussion was held with the Home to ensure bed linen is maintained clean and free of odors (O4.15).

Home: m545 /Visit: 3

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
M545	KIPLING ACRES 2233 KIPLING AVENUE ETOBICOKE ON M9W 4L3	Environmental - Regular May 28, 29, 31, 2007 Follow-up to RT0145	Environmental	2007/05/28 Number of Days 3	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	Area of Non-Compliance issued under HFA & RHA Ac R.S.O. 1990, C H13 S2(18) issued December 1, 2006 during referral visit RT0145 (previously issued Oct2006 and July 2006 as M3.23) is now in compliance Unmet criterion O2.3 issued December 1, 2006 during referral visit RT0145 is now in compliance. The following unmet criteria remain outstanding as the corrective dates have not exceeded. The following previous and additional examples are as follows:				
O2.1	The preventative maintenance program shall provide for routine preventive and remedial maintenance. This criterion has not been met as evidenced by: - damaged and/or stained kitchen flooring - resident dresser drawers were noted to be missing - resident closet doors were noted to be missing - shower controls were noted to be loose in the 2E shower room - resident lounge chairs were noted to be either	2007/06/14	Damaged and/or stained kitchen flooring will be replaced as part of the multi-phased renovation of the kitchen. Kitchen redesign consultation with consultant - June 14, 2007 Completion of kitchen renovation including the final phase of floor replacement - November 30, 2007 A complete audit to identify rooms with missing drawers - June 15, 2007	2007/05/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
M545	KIPLING ACRES 2233 KIPLING AVENUE ETOBICOKE ON M9W 4L3	Environmental - Regular May 28, 29, 31, 2007 Follow-up to RT0145	Environmental	2007/05/28 Number of Days 3	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
	missing and/or have worn wooden surfaces		Repair and/or receive loaner dresser drawers - June 30, 2007 New dresser drawers ordered and anticipated delivery date - July 30, 2007. Installation of closet doors (200) is part of a multiphase renovation to the Home and start date was considered based on the safety of resident and staff and to minimized impact to resident and disruption to the operation of the Home. Start for delivery and installation of closet doors - July 31, 2007 Completion date is anticipated by November 30, 2007. Shower control in 2E shower tightened - May 31, 2007 Complete audit of shower controls -June 4, 2007 Staff was reminded of their responsibility to report equipment requiring repairs. Monitor state of good repair through managers'		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			daily rounds and environmental rounds. Complete audit of resident rooms and replace/repair of lounge chair - June 30, 2007 Delivery date for new lounge chairs. Responsibility: Nutrition Manager Assistant Administrator Nurse Manager HMC DON Manager Program and Services Manager Building Services		
O3.1	The housekeeping program shall provide for routine, preventative and remedial housekeeping. This criterion has not been met as evidenced by: - soiled wheelchairs and Geri chairs were noted throughout the Home. - Soiled lounge chairs were noted in identified lounge areas - Sticky floors were noted in identified resident	2007/06/14	A wheel and Geri-chair cleaning program is in place and documented. All chairs as required are cleaned weekly. All chairs in the Home were cleaned the week of May 7, 2007. An audit of all chairs was completed on May 29/30. All soiled chairs were cleaned. - May 31, 2007. Multi-disciplinary team will conduct a focused QI audit to determine root cause for soiled chairs.	2007/05/30	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	rooms and washrooms		Implement changes to the wheel and Geri chair cleaning program as required. Monitor through managers' daily rounds and environmental rounds and take corrective action as required. Monitoring results will be shared with all Unit Quality Improvement Teams in the Home. A cleaning program for the lounge chairs is in place in the Home. An audit of the lounge chairs was conducted on May 30, 2007. All lounge chairs were cleaned by a contracted cleaning service on May 20, 2007. Revise Housekeeping work routines to designate time of cleaning after am and pm snack service. Staff were reminded of their responsibility to lean up crumbs as they occur. Monitor through managers' daily rounds and environmental rounds and take corrective action as required.		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Monitoring results will be shared with all Unit. Quality Improvement Teams in the Home Floor Care program reviewed and the ratio of cleaning product will be adjusted, as required to prevent stickiness. Monitor through Mgr Building Services daily rounds and take corrective action as required. Monitor through managers' daily rounds and environmental rounds and take corrective action as required. Responsibility: Manager Building Services DON HMC Unit QI Teams		
M3.21	The infection control program shall include sanitation practices surveillance and outbreak management protocols, facility protocols, facility policies and procedures, other legislated requirements, and education and consultation to support the policies and procedures. This criterion has not been met as	2007/06/14	Supplies for residents on isolation precautions were checked to ensure ready access to PPEs, either outside the resident rooms or at the Nursing Stations. Individual supply carts have been purchased for units where appropriate. Monitor through managers' daily round and	2007/05/30	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	evidenced by: - PPE's were observed to not be in use and /or readily available to staff for identified residents on isolation precautions. - Appropriate equipment for the safe disposal of infectious PPEs and laundry not provided. - Staff are not clear as to infectious status and as a result isolation precautions of residents based on charting. - Signage was not always present for resident on isolation precautions, therefore the appropriate housekeeping precautions were not taken. - Clean linen was observed to be stored, uncovered on 2 secured units.		Infection Control rounds and take corrective action as required. Rooms were checked to ensure appropriate disposal containers were available. Policies on VRE, MRSA, C Difficile were reviewed with unit staff. Monitor through managers' daily rounds and Infection Control rounds and take corrective action as required. Status of identified residents was reviewed with staff to ensure isolation precautions are followed consistently as per policy. Care plans reviewed to ensure accuracy. Monitor through managers' daily rounds and Infection Control rounds and take corrective action as necessary. Rooms were checked to ensure appropriate PPE signs were in place Staff were reminded to follow the precautions noted on the doors and to check with registered		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			staff. Signage will be checked every shift by the incoming Registered Staff and reviewed at shift report. Monitor through managers' daily rounds and Infection Control rounds and take corrective action as necessary. Staff instructed to ensure linen carts are covered or stored in locked linen room. Responsibility: Nurse Managers Registered Staff HMC ICN Manager Building Services		
A1.1	Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. This criterion has not been met as evidenced by: - 2 identified residents were observed to be	2007/06/14	Temperature was adjusted immediately to meet minimum 22 degreeC. Standard and contractor was called in to ensure temperature was maintained at that level. Staff was instructed to inform their manager when the shower/tub rooms are cold and to	2007/07/01	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	shivering following showering in 3rd floor tub room. - Residents not provided appropriate footwear on 3S. -An identified PSW was observed to speak inappropriately to an identified resident. - An identified resident was observed to resist care and staff did not respond appropriately. - An identified resident was observed to not be provided with alternative accommodations during room painting to meet her needs.		defer from showering residents until the temperatures are acceptable. Maintenance is checking and documenting air temperatures on each wing on each floor and documenting readings twice a day to identify temperature fluctuation in the Home and ensure corrective action is taken. Thermometers will be installed in each tub/shower room and staff instructed to check temperature prior to bringing resident for shower/bath. If temperature is below the minimum 22 degree C standard, staff has been instructed to contact maintenance for immediate corrective action. All resident's room were immediately checked and shoes and sock returned to their owners -unit staff and the unit Social Worker will work with the families on an ongoing basis toe ensure that an adequate supply of appropriate footwear is available. - daily checking of the residents' clothing (including shoes) as a part of the PCA role will be reinforced.		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			- a weekly audit will be done by the NM?designate and corrective action taken as necessary. - audit results will be communicated to the DON and included in the ongoing quality reporting monitoring to the Administrator. - identified incident investigated and appropriate action taken - Staff was reinstructed on Residents' Rights Monitor through managers' daily rounds and take appropriate action as necessary. - identified incident investigated and appropriate action taken. - Staff was reinstructed on Residents' Rights. Monitor through managers' daily rounds and take corrective action as necessary. Residents will be provided with a safe and comfortable environment when they are being temporarily prevented access to their rooms due to painting or renovation. Residents will be provided privacy during personal care. Responsibility: Building Services Manager Nursing Managers Unit Social Worker HMC		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Care Team		
M3.3	Re-Issued Safety systems shall be in place and policies,procedures and practices shall be implemented to minimize hazards to residents, staff and visitors. This criterion has not been met as evidenced by: - Construction site on 4N was not secured, and resident access to potential hazardous conditions and substances were noted. - Secured environment was not provided to high risk resident in 1E. During construction of dining room, door was left unlocked providing ptotential egress to residents directly to the outside. - Resident elopemnt during scheduled fire testing May 22, 2007 was noted.	2007/06/14	Door to construction site was immediately secured and a meeting held to again review the requirement to comply with safety measures as outlined in the operational plan - May 28. All staff were reminded to ensure construction area is safe for residents - May 28. Increased monitoring of the area effective immediately and contractors instructed to notify nursing staff member when leaving work area to ensure work area is secure. Manager, Building Services to ensure the site is secure at the end of each day. Dining room sliding door was locked immediately. Contractor has been informed and reminded about securing the doors during construction. Another meeting was held - May 28. Housekeeping staff for the unit was immediately reassigned to remain in the unit for the entire	2007/05/30	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response

shift, and lobby housekeeping staff was assigned to relieve during lunch and break times.

All staff were reminded to ensure construction area is safe for residents - May 28.

Increased monitoring of the area effective immediately and contractors instructed to notify nursing staff member when leaving work area to ensure work area is secure.

Manager Building Services to ensure the site is secure at the end of each day.

All departments and care units will be notified in advance if mag locks will be released during testing of the fire safety system.

All doors on secure units will be monitored by assigned staff if the mag locks are released during the testing of the Fire Safety system.

Resident count will be completed under completion of testing.

Responsibility:
Manager of Building Services

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Nurse Managers