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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March 18, 2008

Mr. Robert Price
Administrator
Lakeshore Lodge
3197 Lakeshore Boulevard West
Etobicoke ON M8V 3X5

Dear Mr. Price:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **January 28, 29, 31 – 2008**.

This **Dietary 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,

Cathy Palmer

Cathy Palmer
Dietary Advisor

Encl:

c: Legislative Library
Concerned Friends
OLTCA
OANHSS
CCAC
Compliance Advisor

Home: m595 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
M595	LAKESHORE LODGE 3197 LAKESHORE BLVD. W. ETOBICOKE ON M8V 3X5	Others Dietary Referral RT0190	Nursing	2008/01/28 Number of Days 3	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
N/A	No unmet standards/criteria were identified during this dietary referral review January 28, 29, Exit 31 - 2008.				

FACILITY REVIEW SUMMARY REPORT

Long-Term Care Facility:	**Lakeshore Lodge Home for The Aged**
Date of Review:	**January 28, 29, 31, 2008**
Type of Review:	**Dietary Referral RT0190**

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 Met** **Discussion** • Discussion was held with director of care and nutrition manager regarding assistance and encouragement with meals. One second floor resident, requiring total assistance, was observed to receive fluids and entrée after tablemates had already completed their meals. Another identified second floor resident, noted to eat poorly at observed dinner meal, was not offered assistance and encouragement with her meal until thirty minutes after her meal was received (B3.32).
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** • Not all residents were provided with the opportunity of being offered beverages in addition to their "special nourishments or

	supplements or thickened beverages. A clear understanding of what is required of staff by offering was not always evident (P1.17 and P1.18). ➢ Coffee and tea were not available as per the home's menu at observed afternoon snack service January 28, 2008. • Not all diet interventions were provided as per diet sheet instruction at observed meals (P1.27). • Not all residents received special diet interventions as per diet sheets. Examples include, prune juice, HPHCal milk. • One resident received full minced texture for which minced meat texture was ordered. One resident received regular bread for which slurried bread was ordered. • Regarding consistency of thickened fluids (P1.27). ➢ Honey thick fluids were noted to be at a pudding consistency at observed lunch meal. This was corrected immediately after discussion with dietary staff and nutrition manager. ➢ Resident ordered nectar thick fluids received honey thick juice and resident ordered honey thick fluids received pudding thick milkshake at observed morning snack January 31, 2008. Neither resident completed their special nourishment. This was discussed with the home's registered dietitian and nutrition manager. • Discussion was held with nutrition manager regarding food production program (P1.14). ➢ Not all portion sizes on recipes matched those on production sheets and therapeutic menus at observed production review. ➢ Some menu items were noted to be runny. Not all pureed menu items

	maintained a pudding like consistency as indicated in recipes. For example, pm pureed snack January 28, 2008; pureed and minced sausage January 29, 2008. This review pertained to referral issues and was not a full dietary review. Not all clinical nutrition aspects of care were reviewed.

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

Lakeshore Lodge
3197 Lakeshore Boulevard West
Eotbicoke ON M8V 3X5

Governing body/Organisme responsable

City of Toronto, Homes for the Aged

Administrator/Directeur général/directrice général

Mr. Robert Price

Approved capacity/Nombre de lits autorisés

150

Type of review/Genre d'inspection

Review date/Date de l'inspection

Dietary Referral RT0190
January 28, 29, 31 - 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
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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.***