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
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Direction de l'amélioration de la performance
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JUN 1 2 2008

Ms. Donna Lee
Administrator
Lakeside Long-Term Care
150 Dunn Avenue
Toronto ON M6K 2R9

Dear Ms. Lee:

Please find enclosed the Long-Term Care Home Review Summary Report for the review of care and services conducted on **April 22, 23, 28, 29, 30, 2008.**

This **Annual** 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 home is subject to public release.

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

Lori Kane, R.N., BScN
Compliance Advisor

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

Lakeside Long-Term Care
150 Dunn Avenue
Toronto ON M6K 2R9

Governing body/Organisme responsable

Toronto Rehabilitation Institute

Administrator/Directeur général/directrice général

Ms. Donna Lee

Approved capacity/Nombre de lits autorisés

128

Type of review/Genre d'inspection	Review date/Date de l'inspection
Annual	**April 22, 23, 28, 29, 30, 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.***

LONG-TERM CARE HOME REVIEW SUMMARY REPORT

Long-Term Care Home:	**Lakeside Long Term Care**
Date of Review:	**April 22, 23, 28, 29, 30, 2008**
Type of Review:	**Annual Review**

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.

Updates on any care, programs and services being provided by the home:

The following unmet criteria previously issued have been corrected and have been returned back to compliance:
B4.3, C1.17, and O2.3.

New initiatives include: Implementation of support groups for residents and families, dietary theme meals, and new programs.

Resident centred care is evidenced.

STANDARD	COMMENTS
Resident Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	**Standard Met**

STANDARD	COMMENTS
There is a long-term care home-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** **Discussion held related to the homes admission contract.**
Resident Care and Services	
Each resident's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	**Standard Met** **Discussion held related to the development of an interdisciplinary skin and wound team.** **Discussion held related to the homes referral process.**
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	**Standard Met** **Discussion held related to resident care plans.**
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 Not Met** **Issued B3.41 and B3.43 related to skin care.**
There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	**Standard Met**

STANDARD	COMMENTS
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**
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**

STANDARD	COMMENTS
Social Work Services	
There is an organized program of social work services, or arrangements are made to access available social work services to meet resdients' 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**
Volunteer Services	
There is an organized program of volunteer services.	**Standard Met**
Other Approved Programs	
Other programs/services provided by the home are organized to provide services to respond to residents' identified needs/preferences.	**Standard Met**
Long-Term Care Home Organization and Administration	
The program and resources of the long-term care home are organized to effectively manage the long-term care home and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives.	**Standard Met**

STANDARD	COMMENTS
There is a comprehensive, co-ordinated, long-term care home-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the long-term care home.	**Standard Met** **Discussion held related to the nursing quality improvement program.**
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 long-term care home.	**Standard Met** **Discussion held related to the homes infection control program.**
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.	**Unmet criterion O4.16 remains outstanding.**
The long-term care home, including furnishings and equipment, is maintained.	**Standard Met** **Discussion held related to the homes preventative maintenance program.**
The long-term care home, including furnishings and equipment, is kept clean.	**Standard Met**

STANDARD	COMMENTS
Laundry services are organized to meet the linen and personal clothing needs of residents.	**Standard Met**
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.	**Unmet criterion O4.16 remains outstanding.**
Diagnostic Services	
The long-term care home makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	**Standard Met**
Pharmacy Service	
There is an organized program for the provision of pharmacy service to meet the residents' identified needs.	**Standard Met**
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility/ 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 services provides for the accurate, safe dispensing or prescription drugs and biologicals to meet residents' identified medication requirements	**Standard Met**

STANDARD	COMMENTS
A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient details 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 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**
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility/ pharmacy program and services.	**Standard Met**

Home: 2929 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2929	LAKESIDE LONG TERM CARE CENTRE 150 DUNN AVENUE TORONTO ON M6K 2R6	Annual	Nursing	2008/04/22 Number of Days 5	1 of 2

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
B3.43	Each resident's treatment plan shall be carried out. Criterion not met as evidence by; Physician orders/treatments were not in place for identified resident with multiple skin Breakdown. Identified resident on NWPT treatment sheets did not provide the pressure to follow for treatment	2008/04/22	Immediate: Orders put in place and care plan updated to reflect plan of care Short Term: Registered staff will in serviced on the process of obtaining Doctors orders immediately after a Consultation report and transcribing orders as received. Pharmacy Consultant from Shoppers to provide in-service for Registered staff on the process of Doctors Orders medications and treatment administration. Long Term: Wound and Skin committee will be re established. Wound & Skin Nurse Coordinator to make Monthly rounds of all residents with skin issues document and follow through. Responsibility: ADOC, DOC Wound and Skin Coordinator Pharmacy	2008/05/30	Accepted.
B3.41	Each resident who requires assistance in repositioning shall be turned or repositioned at least every two hours while he or she is awake.	2008/04/22	Immediate: PSWS involved instructed on restraint and repositioning policy and procedure.	2008/05/23	Accepted

Home: 2929 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2929	LAKESIDE LONG TERM CARE CENTRE 150 DUNN AVENUE TORONTO ON M6K 2R6	Annual	Nursing	2008/04/22 Number of Days 5	2 of 2

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	Criterion not met as evidenced by: Identified residents observed during the course of the review not being repositioned at least every 2 hours Identified resident with restraint not repositioned for a period of four hours between 1000 & 1400. Identified resident with skin breakdown not repositioned for a period of 2.75 hours between 1000 7 1245. turning and repositioning/restraint sheets of above residents indicate positioning completed.		Short term: Registered staff and PSWS are being re in - serviced on restraint policy and procedures. Long term: All residents with restraints in facility to be reviewed by multiplidisiplinary team use of new alternatives will be explored. . Registered staff to monitor residents with restraints and ensure all procedure are followed through, completed and documented as required. Residents using restraints will be audited monthly. Restraint Free Falls prevention committee will be started. Responsibility: ADOC Regular Staff		