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 1 5 2008

Ms. Anne Deelstra McNamarra
Administrator
Leisureworld Caregiving Centre - Norfinch
22 Norfich Drive
North York, ON M3N 1X1

Dear Ms. McNamarra:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **February 4, 5, 6, 2008.**

This **Dietary Referral** 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 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

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

Leisureworld Caregiving Centre - Norfinch
22 Norfich Drive
North York, ON M3N 1X1

Governing body/Organisme responsable

Leisureworld Senior Care LP on Belhalf of 2063414

Administrator/Directeur général/directrice général

Ms. Anne Deelstra McNamarra

Approved capacity/Nombre de lits autorisés

160

Type of review/Genre d'inspection	Review date/Date de l'inspection
Dietary Referral RT 204	

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:	**Leisureworld Caregiving Centre-Norfinch**
Date of Review:	**February 4,5,6, 2008 Exit February 7, 2008**
Type of Review:	**Dietary Referral RT204**

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 Not Met** **B3.23 issued** **Each resident did not receive nutritional care according to his/her assessed needs.**
All significant information about each resident is documented in his/her record.	**Standard Met** **Discussion** • Inconsistencies were noted between diet orders on the physicians order and care plan for residents #1, #4,#7 **(B5.4).**
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 Not Met** **P1.23 reissued from November 16,19,20,23,26, 2007** **Cold foods were not served at a maximum of five Degrees Celsius.** **Discussion** • Discussion was held with food service manager regarding the home's food production program. **(P1.14)** ➢ Preparation direction was not

	Discussion • Discussion was held with food service manager regarding the home's food production program. **(P1.14)** ➢ Preparation direction was not followed for all menu items. ie) green salad, minced and pureed chicken cacciatore. ➢ Not all menu items were prepared and/or available and served at identified meals. For example, pureed bread was not available and offered as per menu at observed lunch and dinner meal February 4, 2008. Other examples include pureed egg salad at lunch Feb 4, 2008 and pureed black forest cake at lunch February 5, 2008. **(P1.14, P1.27).** ➢ Production sheets do not indicate person to prepare or time to start preparation for menu items. • Discussion was held with Compass menu coordinator regarding accuracy of production holding temperature audit in the kitchen. All cold menu items for identified days in February were documented to be four Degrees Celsius. • Not all residents ordered a special snack supplement were offered an additional beverage or snack from the snack cart. **(P1.17, P1.18).** • Soiled dishes were not consistently removed between courses at observed meals resulting in table clutter **(P1.24).** • There is no evidence to support that the home's nutrient analysis report has been reviewed for accuracy. For example, the nutrient analysis for a #16 scoop of pureed turkey enchilada indicates that it weighs 318 grams and provides 21.9 grams of protein. This review pertained to referral issues and was not a full dietary review.

Home: 2918 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2918	LEISUREWORLD CAREGIVING CTR-NORFINCH 22 NORFINCH DRIVE NORTH YORK ON M3N 1X1	Nutritional Care Referral RT204	Nutritional	2008/02/04 Number of Days 3	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
P1.23	Reissued from November 16,19,20,23,26, 2007. Hot foods shall be served to residents at a minimum of sixty Degrees Celsius and cold foods shall be served at a maximum of five Degrees Celsius, excluding tube feedings. The criterion is no met as evidenced by: 1. Cold foods were served above maximum temperature of five Degrees Celsius at observed meals.	2008/03/07	Immediate: • Salad ingredients such as canned tuna and salmon are now stored in the refrigerator. • Freeze pans of water to ensure adequate supply of ice for keeping foods chilled. • Cold foods removed from refrigerator just prior to service and placed on ice. Long Term: • Purchase of metal containers for salad, which conduct and retain cold more efficiently than plastic. • Review of menus and production schedules including pre-prep and day-of-service routines for cooks and dietary aides. • Continue daily audits of food temperatures by cooks with random weekly audits by Manager and Supervisor to ensure accuracy of cooks records. • Educate staff regarding proper food holding and corrective action techniques when temperature standards not met. • Cooks expectation in-service for all cooks • All Dietary staff to complete Basic Food Safety training • All cooks to attend Advanced Food Safety training	2008/05/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2918	LEISUREWORLD CAREGIVING CTR-NORFINCH 22 NORFINCH DRIVE NORTH YORK ON M3N 1X1	Nutritional Care Referral RT204	Nutritional	2008/02/04 Number of Days 3	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
			Responsibility: **Food Service Manager** **Cooks** **Administrator** **District Manager**		
B3.23	The following criterion was issued during this dietary referral review. Each resident shall receive nutritional care according to his/her assessed needs and measures shall be taken to identify and address problems related to nutrition. This criterion is not met as evidenced by: 1. Residents did not receive therapeutic diets as per physician/dietitian order and care plan direction at observed meals and at observed snack service. Examples include vegetarian, lactose controlled/reduced lactose, modified diabetic, fat restricted. 2. Residents did not receive documented nutrition interventions as per care plan interventions and diet sheet direction at observed meals. For example, 1.5 portions, 250mls milk with meals, prune juice, lactaid milk, homogenized milk, skimmed milk.	2008/04/11	**Immediate:** **• Staff education in-services** **• Twice weekly Meal time and snack audits with immediate corrective action taken** **• Inventory of glasses to ensure sufficient quantity of 250ml glasses are available** **Long Term:** **• Staff education in-service yearly and at orientation** **• Weekly Pleasurable Dining and Snack Audits with corrective action taken immediately** **Responsibility:** **Staff Educator** **Food Service Manager or delegate**	2008/04/11	**Accepted**