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

JUN 1 1 2008

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

Ms. Sharon Steele
Administrator
Leisureworld Caregiving Centre – O'Connor Court
1800 O'Connor Drive
East York ON M4A 1W7

Dear Ms. Steele:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **May 1, 2, 5, (Exit) May 6, 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 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, RD
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 – O'Connor Court
1800 O'Connor Drive
East York, ON M4A 1W7

Governing body/Organisme responsable

Leisureworld Senior Care LP on Belhalf of 2063414

Administrator/Directeur général/directrice général

Ms. Sharon Steele

Approved capacity/Nombre de lits autorisés

160

Type of review/Genre d'inspection	Review date/Date de l'inspection
Dietary Referral RT 203	**May 1, 2, 5, 2008**

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 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

Long-Term Care Facility:	**Leisureworld O'Connor Court**
Date of Review:	**May 1,2,5, 2008 Exit Conference: May 6, 2008**
Type of Review:	**Dietary Referral RT203**

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 1. Discussion was held with corporate dietitian and food service supervisor regarding provision of thickened fluids. Not all residents received thickened fluids at prescribed consistency **(B3.23)**. Staff were noted to correct fluid thickness immediately. 2. Discussion was held with food service supervisor and administrator regarding meal service on 3A to ensure residents receive appropriate encouragement, assistance, and supervision as per their plan of care **(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 1. Discussion was held with corporate dietitian and food service supervisor regarding documentation of nutrition assessments. It was not clear that all

	clinical nutrition issues beyond triggered MDS RAPS were evaluated and/or re-evaluated. For example, resident consuming less fluids than assessed requirement, assessment of interventions for low albumin, assessment of nutrition needs for resident with stage 2 ulcer, reassessment of protein powder and supplement intervention for wound healing **(P1.29).** 2. Discussion was held with food service supervisor and Leisureworld corporate dietitian regarding inconsistency noted between care plan direction and direction indicated on diet sheets. For example resident's assessed care plan intervention for prune juice was not indicated on the diet sheets. Resident with care plan intervention for high protein milk tid was only indicated on diet sheets bid Further discussion was held with food service supervisor to ensure that resident preferences/special request items are indicated on the diet sheets. For example, prune juice, prunes **(P1.27).** 3. Discussion was held with food service supervisor regarding criterion P1.22 related to portion sizes provided at meals. Not all portion sizes were followed as per the home's menu, however, improvement was noted over the course of the review **(P1.22)**. 4. Regarding P1.18, not all residents ordered a special nourishment and/or supplement were offered an additional snack from the snack cart **(P1.18)** 5. Discussion was held with food service supervisor regarding provision of bread as per menu. It was noted that bread was available, but not offered to residents at observed dinner meal on May 1, 2008 **(P1.27).** 6. Discussion was held with food service supervisor regarding standardized recipes as not all recipes were scaled to reflect

	total quantity required **(P1.14).** Criterion P1.27, identified during annual review September 25,26,27,28, October 1, 2007 is resolved. This review pertained to referral issues and was not a full dietary review

Home: 2832 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2832	LEISUREWORLD CAREGIVING CTR-O'CONNOR C 1800 O'CONNOR DRIVE EAST YORK ON M4A 1W7	Others Referral RT 203	Nutritional	2008/05/01 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	Criterion P1.27, identified during annual review September 25, 26, 27, 28, October 1, 2007, is resolved. There were no unmet standards/criteria identified during this dietary referral review.				