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

JUN 17 2008

Sister Mary William Verhoeven
Administrator
Mariann Home
9915 Yonge Street
Richmond Hill ON L4C 1V1

Dear Sister Verhoeven:

Please find enclosed the Long-Term Care Home Review Summary Report for the review of care and services conducted on **April 16, 17, 18, (Exit) April 21, 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 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,

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

Mariann Home
9915 Yonge Street
Richmond Hill ON L4C 1V1

Governing body/Organisme responsable

Mariann Nursing Home and Residence

Administrator/Directeur général/directrice général

Sister Mary William Verhoeven

Approved capacity/Nombre de lits autorisés

64

Type of review/Genre d'inspection	Review date/Date de l'inspection
Special Visit	**April 16, 17, 18, (Exit) April 21, 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
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:	**Mariann Home**
Date of Review:	**April 16,17,18, 2008 Exit conference April 21, 2008**
Type of Review:	**Dietary Referral RCE0123**

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.**
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** Discussion was held with dietary services manager regarding the home's dietary policies and procedures. The dietary services manager is currently updating the home's policies and procedures (M1.6).
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 Met** Discussion was held with dietary services manager regarding staff practices at meal and snack service. Some staff were observed to use unsafe food handling practices at identified meals and snacks (M3.23).

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 P1.3 issued Menu cycles for therapeutic diets, including texture modifications and snacks are not developed. P1.14 issued Food was not prepared and served following standardized food service practices in a manner that preserves nutritive value, flavour, colour, texture, appearance and palatability, prevents contamination or spoilage , prevents food-borne illness, retains maximum nutritive value, and enhances effective food production. P1.15 issued Residents were not involved in planning times of meal service, in keeping with the requirements. P1.18 issued Snacks were not offered to all residents at mid-afternoon. P1.22 issued The portion size for all menu items was not clearly posted and portions posted were not followed by serving staff. P1.25 issued Delivery of a meal to residents requiring assistance in eating occurred more than five minutes in advance of assistance being provided. P1.29 issued The nutritional care program does not

	include screening to identify nutritional risk, nutritional assessments and identification of interventions on residents' plans of care, reassessment of care plans based on residents' changing needs; and interpreting and individualizing of residents' regular, modified and therapeutic diets and supplemental feedings, as well as other aspects of the care plan that impact dietary services. Discussion 1. Discussion was held with dietary services manager regarding hot holding of menu items. Dietary staff were not consistently using steam well to hold hot food. Scrambled eggs were noted to be below minimum of sixty Degrees Celsius at observed breakfast meal April 17, 2008 (P1.23). 2. Discussion was held with the home's dietary services manager regarding meal service on third floor to ensure that residents ordered tray meal service are offered a choice at meal time (B3.28). 3. Discussion was held with dietary services manager to ensure that all residents on third floor are offered the same pleasurable dining experience. Identified residents with early meal tray service were observed to eat in the dining room at least thirty minutes in advance of their tablemates (P1.24) 4. Discussion was held with the home's dietary services manager to ensure that dietary staff are available to offer second portions of food on third floor at all meals. 5. Further to P1.29, discussion was held with the home's dietary services manager regarding documentation of nutrition assessments. • Hydration requirements and

	subsequent plan of care outcomes for resident at high risk for dehydration is not carried out. • Resident's nutritional needs are not consistently documented in relation to interventions.

Home: 2619 /Visit: 2

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	1 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
B3.23	The following unmet criteria were 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 problems related to nutrition. This criterion is not met as evidenced by: 1. Identified residents were observed to receive incorrect diets at observed meals. (Resident #7, #8) 2. Identified residents were not offered protein choice at breakfast meals according to planned menu. (#1, #5) 3.Identified residents did not receive thickened fluids at prescribed consistency. For example resident #9 received thin fluids at consecutive meals contrary to physician order for nectar thick fluids. Resident #7 received honey thick fluids at consecutive meals and snacks for which there was no order. Resident #1, #10, #11, #12 received honey thick fluids for which nectar thick fluids was ordered.	2008/06/20	1. Dietary manager and Registered dietitian will provide the dietary staff in-services designed to improve their knowledge of the different diets/textures offered in our home and the appropriate meal service for each, according to the therapeutic menus. 2. Dietary manager will ensure diet orders are reviewed and revised according to Mariann Home policy. The dietary manager will ensure all designated items are labeled in individual containers specific to the designated resident. This will be done in order to ensure each resident will receive items in congruence with the prescribed diet order. 3. An in-service will be offered on the importance of providing the thickened fluids as prescribed and how to use the thickening agent to achieve these will be presented for all nursing & dietary staff. Written directions will be placed in the dining area for all concerned dietary staff to consult explaining correct methods to correctly thicken liquids to appropriate consistencies. This will be done in order to achieve each individual liquid consistency (nectar, honey and pudding thick liquids	2008/06/20	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	2 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			consistencies). Meal Audits (evaluating diet order: textures, fluids consistencies) will be conducted by Dietary Manager on a monthly basis. Responsibility: Dietary Services Manager Registered Dietitian		
P1.3	There shall be an established menu cycle for both regular and therapeutic diets, including texture modifications and snacks. This criterion is not met as evidenced by: 1. Therapeutic menus are not available and/or comprehensive for all diet orders to guide meal service. For example pureed with soft bread and snacks, renal, modified reducing, blended diet, enriched. 2. Therapeutic snack menu is incomplete and does not provide direction for nutritional care for all residents.	2008/06/30	1. Dietary manager will ensure the menu for regular and therapeutic diets will be revised to include all diet orders including texture modifications and snacks. 2. Dietary manager will ensure the regular and therapeutic menus that were revised by the registered dietitian (including all diet orders, texture modifications) are available to the dietary staff during meal time service. This will be done in order to ensure the correct prescribed diet and texture is provided to the resident. 3. Dietary manager will ensure the regular and therapeutic snack menus that were revised by the registered dietitian are available to the dietary staff during meal time service. This will	2008/06/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	3 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			be done in order to ensure the correct prescribed snack is provided to the resident. Therapeutic Menu Audits will be conducted by the Registered Dietitian on a quarterly basis and revisions will be implemented by the Dietary Manager Responsibilities: Dietary Service Manager		
P1.14	Food shall be prepared and served following standardized food service practices in a manner that preserves nutritive value, flavour, colour, texture, appearance and palatability, prevents contamination or spoilage. Prevents food-borne illness, retains maximum nutritive value, and enhances effective food production. 1. The home's production sheets for meal and snack service do not provide staff with directions to prepare menu items. Not all menu items and quantity to prepare are listed on the production sheets, including therapeutic variations Consequently, not all menu items were prepared according to the home's planned menu.	2008/06/30	Production sheets for meal and snack service will be revised to include all menu items and quantities to prepare. Standardized recipes will be prepared/revised for all menu items on the revised menu and will reflect total quantities required. Responsibility: Dietary Services Manager	2008/06/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	4 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	2. Standardized recipes are not available for all menu items. Available recipes were not scaled to reflect total quantity required by Mariann Home.				
P1.15	Residents shall be involved in planning times of meal service, in keeping with the following requirements (unless a survey of all residents demonstrates the majority currently seek alternative meal times. 1. There is no evidence to support that residents receiving early lunch (11:30 am and dinner (4:30 pm) tray meal service have been consulted and/or are in favour of having meals at this time.	2008/05/23	Resident and/or substitute decision maker where appropriate will be consulted before resident is served early meals on a regular basis. A permission form will be originated which explains the reasons and/or benefits for anyone on this service. The resident and/or substitute decision maker will have the opportunity to accept or decline. All residents will be delivered equal quality meal service. Residents receiving planned early meals regularly will have this noted on their individual care plans. Responsibility: Dietary Manger in cooperation with RN in charge of units	2008/05/23	Accepted
P1.18	Snacks shall be offered to all residents at mid-afternoon and at bedtime unless contraindicated in individual residents' plans of care.	2008/05/30	1. Dietary Services will ensure the resident snack list is updated according to the registered dietitian's prescriptions.	2008/05/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	5 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	1. There was no pureed snack available or served at pm snack service April 16 and 18, 2008. 2. Residents prescribed a nutritional supplement were not consistently offered a snack and beverage in addition to supplement at observed snack rotation April 16 and 18, 2008.		2. Dietary manager will educate the dietary staff to follow and implement the snack roster according to Mariann Home policy. (ie. Dietary staff will prepare and individually label snacks for designated resident.) 3. Dietary manager will conduct snack audits on a monthly basis. An in-service will be provided for nursing and dietary staff to explain the difference between a snack and a supplement and the role each play in a resident's nutritional needs. Responsibility: Dietary Services Manager		
P1.22	The portion size for menu items shall be posted for serving staff and followed unless otherwise specified by the resident' requirements. 1. Serving staff did not refer to the therapeutic menu during meal service. Portions served did not match portion sizes on therapeutic menu. Residents prescribed modified texture diets received smaller servings. 2. Portion sizes for therapeutic variations are not clearly indicated for serving staff to follow.	2008/05/05	1. Dietary manager will ensure appropriate portion sizes for menu items are indicated and posted for all dietary staff in order to ensure each resident receives appropriate portions. 2. Dietary manager will provide in-services to all dietary staff to review all therapeutic menu and portion requirements. 3. For on-going CQI, meal rounds and portion audits will be conducted by the dietary manager or trainee dietary manager. on a monthly basis	2008/05/06	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	6 of 8

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: Dietary Manager and Assistant		
P1.25	Delivery of a meal to residents requiring assistance in eating shall occur no more than five minutes in advance of assistance being provided. 1. Identified third floor residents, requiring total assistance with meals, were observed to receive meals more than fifteen minutes in advance of assistance being provided. Residents were observed to eat cold food.	2008/05/23	1. Revise meal delivery system. (e.g. dietary staff with the small hot cart will be in 3rd floor dining room during complete meal service. 2. Residents will be provided assistance in a timely manner. This will be enforced daily in order to ensure residents receive the complete pleasurable dining experience. * The change in meal service with 2 hot carts will be evaluated by June 6 and a nurse be assigned to do monthly observational audits on times between delivery of the meal to the time of assistance by staff to feed the residents. Responsibility: Dietary Manager and Director of Care	2008/05/23	Accepted
P1.29	The nutritional care program shall include screening to identify nutritional risk, nutritional assessments and identification of interventions on residents' plans of care, reassessment of care plans based on residents' changing needs; and interpreting and individualizing of	2008/07/31	1. Dietary manager will complete all quarterly assessments for low and moderate nutritional risk residents on a quarterly basis as per Mariann Home policy. Registered Dietitian will complete a nutritional assessment for each high nutritional risk resident on a monthly basis as	2008/07/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	7 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	residents' regular, modified and therapeutic diets and supplemental feedings, as well as other aspects of the care plan that impact dietary services. 1. Nutrition quarterlies are incomplete for identified residents. (#2, #4) (B16) 2. Interventions for assessed nutrition problems are not indicated on care plans for identified residents. For example constipation, swallowing problem, persistent weight loss (Resident #4, #5) 3. Care plans were not updated to reflect diet orders and/or supplement orders for resident #3, #5. 4. Diet order for resident #5 was not correctly documented in the physician order. 5. Documentation for positioning while feeding is inconsistent between the clinical dietitian's progress notes and the care plan for resident #6 with severe dysphagia. 6. Order to increase supplement for resident #4 was not carried out and reflected on the		per Mariann Home policy. 2. Care plans on indicated residents will be updated immediately. Nursing staff will use Dietary Referral form to notify Dietary manager and Dietitian of problems such as constipation, swallowing problems, persistent weight loss. Upon receiving Dietitian's orders registered staff will document in MAR sheet and revise Care Plans. To include the above problems and both dietary and nursing interventions and expected outcomes. 3. Nursing staff will be educated to promptly update any new diet orders for any given resident in the resident care plan. 4. Diet orders will be updated in a prompt manner in the Physician order sheet. 5. Nursing will continue to be educated to read the care plans with regard to feeding and positioning and inform the Dietitian if the dietary order cannot be carried out as written by the Dietitian so that both the care plan and the progress notes are kept updated and accurate. The Care plan will reflect ways to achieve the desired outcome – safe and enjoyable dining for		

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Others Referral Visit RCE0123	Nutritional	2008/04/16 Number of Days 4	8 of 8

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	resident's MAR.		all residents including those with servere dyphagia. 6. Nutritional Care Plans will be updated and revised on a monthly and as needed basis. The Director of Care will ensure that nursing staff update dietary orders. (ie. Supplement changes on the resident MAR). Director of Care will ensure nursing promptly complete a dietary referral in order for the dietary manager to implement the change. Quarterly Audits of active charts will include accuracy of all Dietary issues.identified – quarterly assessments and completeness of all care plans. Responsibility: Director of Care Dietary Manager Registered Dietitian		