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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Toronto ON M4V 2Y7
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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
Bureau régional de services de Toronto

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465 Davis Drive
Newmarket ON L3Y 8T2 1-800-486-4935
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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 Public Report for the **Special Visit** conducted on **April 16, 17, 18, (Exit) April 21, 2008.**

This 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:	Special Visit

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's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	Standard Not Met B1.2 issued The assessment process did not include determining the resident's preferences, strengths, social and personal resources, interests, health status, needs, extent of independent functioning, types and amount of support required, and decisions regarding the type of care and/or interventions, including advanced directives or substitute decisions.

Home: 2619 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Nutritional Care Referral Special Visit	Nutritional	2008/04/16 Number of Days 4	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
B1.2	The following criteria was issued during this special visit: The assessment process shall include determining the resident's preferences, strengths, social and personal resources, interests, health status, needs, extent of independent functioning, types and amount of support required, and decisions regarding the type of care and/or interventions, including advanced directives or substitute decisions. This criterion is not met as evidenced by: 1. Assessment for resident returning from hospital late March 2008 with dysphagia, was not comprehensive and prescribed diet order was not congruent with discharge recommendations from the hospital. There was no evidence to support reassessment of low potassium diet for same resident.	2008/05/03	1. Registered dietitian to be promptly notified by dietary manager upon any resident new admissions, re-admissions, discharges, transfers and upon date of return and re-admission/discharge diet order information. 2. Registered dietitian to conduct a comprehensive nutritional review in a timely manner (based on the nutritional risk of the resident). 3. Registered dietitian to reassess nutritional status, swallowing issues, laboratory parameters and evaluate overall nutritional status in order to determine the appropriate diet order prescription. 4. Registered dietitian to complete the Readmission Form in a timely manner. 5. Administrator will ensure the above is being accomplished as per policy in a timely manner. The Administrator will conduct quarterly audits to ensure the above processes are being carried out according to Mariann Home policy.	2008/05/05	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2619	MARIANN HOME 9915 YONGE STREET RICHMOND HILL ON L4C 1V1	Nutritional Care Referral Special Visit	Nutritional	2008/04/16 Number of Days 4	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:
Administrator
Dietary Manager
Registered Dietitian