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 performance du système de santé
Direction de l'amélioration de la performance et de la conformité
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JUN 1 1 2008

Ms. Cathy Fiore
Administrator
The O'Neil Centre
33 Christie Street
Toronto ON M6G 3B1

Dear Ms. Fiore:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **April 1, 2, 3, 7, 8 (Exit) April 16, 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,

Susan Squires, R.N., BScN
Compliance 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

The O'Neil Centre
33 Christie Street
Toronto ON M6G 3B1

Governing body/Organisme responsable

848357 Ontario Inc.

Administrator/Directeur général/directrice général

Ms. Cathy Fiore

Approved capacity/Nombre de lits autorisés

162

Type of review/Genre d'inspection	Review date/Date de l'inspection
Annual report - April 1, 2, 3, 7, 8 (Exit) April 16, 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: The O'Neill Centre

Date of Review: April 1, 2, 3, 7, 8, 2008

Type of Review: Annual Review

Updates of any care, programs and services being provided by the facility:
Participated in Incident Reporting Study –Baycrest Ctr Researcher.
Participating on CCAC task group
Installation of water coolers in each dining room
Murals painted in stairwells
Replacement of sinks in resident rooms.
Participating as Nursing eHealth Champion with RNAO
Participating in the PDA Initiative

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 THAT WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.

STANDARD	COMMENTS
Resident Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	Standard Not met. A 1.11 (4) Issued – Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. Identified residents were not afforded complete privacy during bathing and toileting.

STANDARD	COMMENTS
There is a facility-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.**
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.**
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	**Standard met.**

STANDARD	COMMENTS
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 B. 3.38 Each resident's fingernails and toenails shall be cleaned and trimmed in accordance with his or her stated preferences and documented on the resident's plan of care. Several residents were found to have long and unclean fingernails.** **Issued B 3.39 Each resident shall be bathed at least twice a week if the resident so desires by the method of his or her choice and more frequently as determined by the hygiene requirements of the resident. Bathing by a method other than that which the resident has chosen may be required, due to the resident's exceptional circumstances, including hygiene-related or other needs, such as altered skin. Identified residents did not receive spa baths as identified as preference on the plan of care.** **Discussions held regarding the need to ensure that each resident's environment be maintained to minimize risks. Identified residents storing hazardous substances on dresser.**
There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	**Standard met.**
All significant information about each resident is documented in his/her record.	**Standard met.**

STANDARD	COMMENTS
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. Discussions held regarding the need to ensure that medications are administered as prescribed by the physician. Identified resident missed dose of sliding scale insulin.
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.
Social Work Services	
There is an organized program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs.	Standard met.

STANDARD	COMMENTS
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 facility are organized to provide services to respond to residents' identified needs/preferences.	Standard met.
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.
There is a comprehensive, co-ordinated, facility-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the facility.	Standard met.

STANDARD	COMMENTS
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. Discussions held regarding the need to ensure that all staff participate in the facility-wide infection control program and be made aware of and practice measures to prevent or minimize the spread of infection. Staff were unaware of disinfecting protocols for nail care equipment.
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.	Standard met.
The facility, including furnishings and equipment, is maintained.	Standard met.
The facility, 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.	Standard met.
Diagnostic Services	
The facility makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	Standard met.
Pharmacy Services	
There is an organized program for the provision of pharmacy services to meet the residents' identified needs.	Standard met.
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services.	Standard met.
The prescription ordering and transmission of orders support the safe provision of drugs to residents.	Standard met.

STANDARD	COMMENTS
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	**Standard met.** **Discussions held regarding the need to ensure that all drugs an biologicals be labeled with a prescription number, the resident's name, date, form, manufacturer, quantity, directions for use, the prescriber's name, the name, owner address, and telephone number of the pharmacy. Identified medications removed from original packaging and stored in medication cart without identifying labels.**
A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient detail 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.**

Home: 2631 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	1 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
B3.38	Revised Statements of Unmet Standards. The following statement of unmet criteria was issued during the 2008 Annual Review. Each resident's fingernails and toenails shall be cleaned and trimmed in accordance with his or her stated preferences and documented on the resident's plan of care. This criterion is not met as evidenced by: 1. Several residents found to have long and unclean fingernails. 2. Nail Care equipment was not readily available for use on identified care units.	2008/04/16	1). Performed a finger and toe nail audit throughout the building on April 5 and 6, 2008 and ensured that all nails are clean and at an appropriate length according to the residents' preferences. Nail care was provided and documented accordingly. In-services on responsibility of nail care were provided to staff on April 4, 5 & 6, 2008. A Nail audit form was developed for the Unit Supervisor to complete once a week. Nurse Manager to perform spot checks on a daily basis. The area of nail care was further discussed during the Professional Staff meeting on April 17, 2008. 2) In-services were held on where nail care equipment is being kept and how it is being cleaned in between use on April 4, 5, 6, 8 & 9. 2008. Unit Supervisors to continue to lock up nail care kits in med rooms and to report to Nurse Manager if they need more supplies. Further, PSWs have additional nail clippers in their supply cupboard if needed. This issue was further discussed during the Professional Staff meeting on April 17, 2009. Responsibility: Nursing	2008/04/17	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	2 of 7

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) In-services were held on how to ensure privacy when transferring and providing care for residents on April 4, 5, 6, 8 & 9, 2008. This issue was discussed during the Professional Staff meeting on April 17, 2008. Unit Supervisors and Nurse Managers to monitor PSWs when providing care and to provide counseling if necessary. 2) In-services were held with the bath team on how to ensure that a resident has full privacy when being bathed on April 4 & 16, 2008. Bath team members need to draw curtains fully and even try to close the door as much as possible when providing a bath. Furthermore, new privacy curtains will be purchased and put in place.		

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	3 of 7

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) An in-service was held with the Bath team about the philosophy of a therapeutic bath on April 16, 2008. This in-service also included a discussion on how the Bath team can be improved. Some suggestions were to purchase robes for the residents and to have spa-like music playing. The Bath team will be responsible on revising the bath list to ensure that they are up-to-date and that everyone who wishes to have a spa bath receives one. Some residents do refuse a tub bath and prefer a shower – so therefore those residents will be placed on the shower list. This was further discussed during the Professional Staff meeting on April 17, 2008. Unit Supervisors need to work closely with the Bath team do revise the bath list

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	4 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			and to ensure there is good communication if changes to the list and care plan need to be made. Nurse Managers and Director of Nursing to audit that residents receive their spa bath as indicated on the care plan. Nurse Managers to train 2-3 additional PSWs for back up for the Bath team when a regular Bath team member is sick or on vacation. All PSWs to be in-serviced on the importance of ensuring that baths and showers are being provided as per residents' preferences.		
A1.11	Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. This criteria was not met as evidenced by: 1) Identified resident was observed to be exposed while being transferred in mechanical lift without curtains drawn for privacy. 2) Bathroom door was observed to be left open with a curtain drawn that does not provide for complete privacy while resident is being bathed.	2008/04/16	1) In-services were held on how to ensure privacy when transferring and providing care for residents on April 4, 5, 6, 8 & 9, 2008. This issue was discussed during the Professional Staff meeting on April 17, 2008. Unit Supervisors and Nurse Managers to monitor PSWs when providing care and to provide counseling if necessary. 2) In-services were held with the bath team on how to ensure that a resident has full privacy when being bathed on April 4 & 16, 2008. Bath team members need to draw curtains fully and even try to close the door as much as possible when providing a bath. Furthermore, new privacy curtains will be purchased and put in	2008/04/17	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	5 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			place. Responsibility: Nursing		
B3.39	Each resident shall be bathed at least twice a week if the resident so desires by the method of his or her choice and more frequently as determined by the hygiene requirements of the resident. Bathing by a method other than that which the resident has chosen may be required, due to the resident's exceptional circumstances, including hygiene related or other needs, such as altered skin. This criterion was not met as evidenced by: 1) Several identified residents did not receive a spa bath as was identified on the plan of care as the resident's preference.	2008/04/16	1) An in-service was held with the Bath team about the philosophy of a therapeutic bath on April 16, 2008. This in-service also included a discussion on how the Bath team can be improved. Some suggestions were to purchase robes for the residents and to have spa-like music playing. The Bath team will be responsible on revising the bath list to ensure that they are up-to-date and that everyone who wishes to have a spa bath receives one. Some residents do refuse a tub bath and prefer a shower – so therefore those residents will be placed on the shower list. This was further discussed during the Professional Staff meeting on April 17, 2008. Unit Supervisors need to work closely with the Bath team do revise the bath list and to ensure there is good communication if changes to the list and care plan need to be made. Nurse Managers and Director of Nursing to audit that residents receive their spa bath as indicated on the care plan. Nurse Managers to train 2-3 additional PSWs for back up for the Bath team when a regular Bath team member is	2008/04/17	Acepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	6 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			sick or on vacation. All PSWs to be in-serviced on the importance of ensuring that baths and showers are being provided as per residents' preferences. **Responsibility:** **Nursing**		
N/A	**The following observations/discussions occurred during the 2008 Annual Review and will be followed up.** **1. Discussions held regarding the need to ensure that each resident's environment be maintained to minimize safety and security risks (B 3.16). Identified resident had nail polish remover sitting out in open. Identified resident had wound cleanser and vitamin C tablets in open on dresser.** **2. Discussion held regarding the need to ensure that all staff participate in the facility-wide infection control program and be made aware of and practice measures to prevent or minimize the spread of infection (M 3.23). Staff unaware of disinfecting protocols for nail care equipment.**				

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2631	O'NEILL CENTRE (THE) 33 CHRISTIE STREET TORONTO ON M6G 3B1	Annual	Nursing	2008/04/01 Number of Days 16	7 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response

3. Discussion held regarding the need to administer medications as prescribed by the physician (C 1.17). Identified resident missed dose of sliding scale insulin.

4. Discussion held regarding the need to ensure that all drugs and biologicals be labeled with a prescription number, the resident's name, date, form, manufacturer, quantity, directions for use, the prescriber's name, the name, owner, address, and telephone number of the pharmacy (R 4.2). The storage of Didrocal in individual medication boxes does not contain identifying information.