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
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JUN 1 2 2008

Ms Helen Ferley
Administrator
Seniors' Health Centre
2 Buchan Court
North York ON M2J 5A3

Dear Ms Ferley:

Please find enclosed the Long-Term Care Home Review Summary Report for the review of care and services conducted on **March 12, 13, 14, 17, (Exit) March 18, 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 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,

Lori Kane, 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

Seniors' Health Centre
2 Buchan Court
North York ON M2J 5A3

Governing body/Organisme responsable

North York General Hospital

Administrator/Directeur général/directrice général

Ms Helen Ferley

Approved capacity/Nombre de lits autorisés

182

Type of review/Genre d'inspection	Review date/Date de l'inspection
Annual	March 12, 13, 14, 17, (Exit) March 18, 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: Seniors Health Center

Date of Review: March 12, 13, 14, 17, 18, 2008

Type of Review: ANNUAL

Updates on any care, programs and services being provided by the facility:

New initiatives include: new flooring in the elevator, new window coverings and bedspreads in residents' rooms.

The following unmet criteria previously issued have been corrected and have been returned back to compliance:
B5.2 and B4.3

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 Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	STANDARD MET Observations made relating to restraint application.
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 Observations made relating to admission assessments.

Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	STANDARD NOT MET Issued B2.4 related to care planning.
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.	STANDARD NOT MET Issued B3.24 related to nutrition. Observations relating to positioning.
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
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
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
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
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 NOT MET Issued B3.16 related to safety and security.
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
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 Observations made relating to food temperatures. Observations made regarding offering resident food choices at meal time.
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
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	STANDARD MET
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: 2744 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2744	SENIORS' HEALTH CENTRE 2 BUCHAN COURT NORTH YORK ON M2J 5A3	Annual	Nursing	2008/03/12 Number of Days 5	1 of 3

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	The following areas of unmet standards/criteria were issued during the 2008 Annual Review and will be followed up.				
B3.16	Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment. Criterion not met as evidence by: - Identified residents noted to be eating in rooms with out access to call bells - Shower/tub rooms left open and unlocked, water noted on floors potential hazard for residents. - Call bell pull stations not available in all resident common areas	2008/03/18	Will have meeting with all Health Care Aides to discuss unmet standards and develop strategies to avoid risk issues. Will observe for compliance during daily rounds. - Residents will have access to call bell at all times - A shower/tub rooms will be locked when not in use by staff. - Assessment completed in resident common areas and call bells will be installed. Responsibility: DOC All Staff Program director Maintenance	2008/06/30	Accepted
B2.4	Each resident's plan of care shlla reflect his/her current strenghts, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided	2008/03/18	Staff will develop plans of care that is descriptive and gives clear directions for care and management for the following: - Weight loss	2008/04/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2744	SENIORS' HEALTH CENTRE 2 BUCHAN COURT NORTH YORK ON M2J 5A3	Annual	Nursing	2008/03/12 Number of Days 5	2 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	by the lawfully authorized person. The plan of care shall give clear directions to staff providing care. Criterion not met as evidence by: - Identified residents with noted weight loss, plans of care not developed. - Residents Identified with behaviours no plans developed with management strategies to assist staff with care. - Residents assessed and require restraints. Plans not reflective of actual restrain to be used and restraint interventions do not consistently include all actions required. - Plans of care not consistently developed to meet resident oral hygiene needs - Activation/programming plans not consistently developed to meet resident needs.		- Behaviours - Restraint type, intervention, and Q2hour repositioning. - Skin breakdown/wounds-action required - Hygiene needs - Activation/programming to meet resident needs Will provide documentation education through workshops to accomplish the above task. Each discipline will complete regular audits to monitor for compliance. Will include in nursing practice meetings. Will discuss the need for an electronic documentation system with the Program Director. Responsibility: DOC RNs, RPNs Activation Coordinator and aides Dietary Manager Dietitian		
B3.24	Each resident's height shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently at least monthly. Changes in	2008/03/18	Will review the weight policy with staff and revise policy to include accountability from nursing and dietary staff.	2008/04/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2744	SENIORS' HEALTH CENTRE 2 BUCHAN COURT NORTH YORK ON M2J 5A3	Annual	Nursing	2008/03/12 Number of Days 5	3 of 3

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	weight shall be evaluated and action shall be taken as required. Criterion not met as evidence by: - Residents were identified with weight loss/progressive weight loss no action taken relating to weight. -Residents were not referred to the dietician to follow up, as per policy or resident plan of care.		Will audit residents' charts for weight loss/progressive weight loss, dietitian' s referral and plan of care for compliance through regular audits. Will have a cross functional team meeting to develop strategies for reporting changes and achieving goals. Responsibility: Dietary Manager Dietitian DOC, RNs, RPNs		