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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Newmarket ON L3Y 8T2 1-800-486-4935
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JUN 0 5 2008

Ms. Sandy Lomaszewycz
Administrator
Ukrainian Canadian Care Centre
60 Richview Road
Etobicoke ON M9A 5E4

Dear Ms. Lomaszewcyz:

Please find enclosed the Public Report for the **Special Visit** conducted on **February 19, 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 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

Ukrainian Canadian Care Centre
60 Richview Road
Etobicoke ON M9A 5E4

Governing body/Organisme responsable

St. Demetrius (Ukranian Catholic) Development Corporation

Administrator/Directeur général/directrice général

Ms Sandy Lomaszewycz

Approved capacity/Nombre de lits autorisés

120

Type of review/Genre d'inspection	Review date/Date de l'inspection
Special Visit	**February 19, 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:	**Ukrainian Canadian Care Centre**
Date of Review:	**February 19, 2008 Exit Conference February 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 Safeguards	
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** Discussion was held with food service manager and the home's dietitian regarding provision of choice at meal time. Each resident was not observed to have the opportunity to select his/her choice of food at the lunch meal on third floor. **(B3.28).**
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** **P1.4 Issued** **Residents were not provided with a variety of foods, including at least the following: Grain products: five servings of whole grain or enriched bread and cereals, vegetables and fruits: five 125 ml servings of vegetables, fruits and/or fruit juices, milk products: adults-500mLs, meat and alternatives: two servings weighing 50 to 100 grams cooked weight of meat**

	containing 7 grams of protein for each 30 gram serving, or the equivalent grams of protein in alternatives. **P1.23 Issued** **Hot foods were not served to residents at a minimum of sixty Degrees Celsius.** **Discussion** 1. Discussion was held with food service manager regarding hot holding. Further to **P1.23**, it was noted during observed meals that hot food is not maintained on proper thermal equipment. 2. Portion sizes were not clearly posted for all menu items. For example, pureed bread, buckwheat kasha. Incorrect portions were served at observed dinner meal February 19, 2008 **(P1.22)**. 3. Dietary advisor was informed that production sheets are not in place to guide staff in food preparation **(P1.14).** 4. Discussion was held with newly hired food service manager regarding Food Advisory Committee meetings. The last meeting was held September 2007 and prior to that October 2006. The home's clinical dietitian and food service manager are currently planning the new menu, which is to start in approximately two weeks. Discussion was held with the home's dietitian to ensure that the menu meets recommendations in the new Canada's Food Guide **(P1.2).** Further discussion was held to ensure that menus are developed in consultation with residents **(P1.1).** A referral will be initiated by the dietary advisor to conduct a full comprehensive

	dietary review due to discussion with home and issues identified.

Home: 2809 /Visit: 3

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2809	UKRAINIAN CANADIAN CARE CENTRE 60 RICHVIEW ROAD ETOBICOKE ON M9A 5E4	Others Special Visit	Nutritional	2008/02/19 Number of Days 1	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
P1.4	The following unmet standards/criteria were issued as a result of the special visit. Each day each resident shall be provided with a variety of foods, including at least the following: Grain products: five servings of whole grain or enriched bread and cereals, vegetables and fruits: five 1`25 mil servings of vegetables, fruits and/or fruit juices, milk products: adults-500mLs, meat and alternatives: two servings weighing 50 to 100 grams cooked weight of meat containing 7 grams of protein for each 30 gram serving, or the equivalent grams of protein in alternatives. 1. The planned cycle menu has not been reviewed and analyzed to ensure all menus including texture modified diet menus meet the nutrient requirements. - There is no evidence to support that the outsourced pureed menu has been evaluated to ensure delivery of a minimum amount of protein. Minimum servings of meat and alternates were not provided to residents ordered pureed texture at the two meals	2008/04/21	1. Effective immediately the #10 scoop will be use to serve all pureed meats. Currently we are in the process of reviewing and analyzing the new menu, in order to ensure that all menus including texture modified diet meet the nutrient requirements. 2. The new menu has been designed to provide variety of foods and eliminate repetition of food choices for all diets. The new menu will be brought to the Food Advisory Committee for feedback and recommendations. A new food processor will be purchased to allow all regular choices to be offered to minced and pureed diets. Responsibility: Food Services Manager Registered Dietitian	2008/04/21	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2809	UKRAINIAN CANADIAN CARE CENTRE 60 RICHVIEW ROAD ETOBICOKE ON M9A 5E4	Others Special Visit	Nutritional	2008/02/19 Number of Days 1	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
	observed. For example, a #12 scoop of pureed beef (served at both lunch and dinner) provides 9.7 grams protein, the #12 scoop of pureed chicken served at lunch provided 12 grams of protein. This is not in keeping with Nursing Act Regulation 832 Section 76 (1) 4. 2. Menu items are served repetitively during the same week. - Residents receiving a pureed menu do not receive the same level of protein/meat variety as residents consuming a regular texture menu. For example, Week Three Tuesday, pureed beef is alternative for both lunch and dinner; Week Three Saturday pureed ham offered at lunch and dinner. - The same menu items are served in the same week. Mixed vegetables re indicated on the Week Three menu five times. Turkey Schnitzel is offered at lunch Tuesday week three and again on Saturday the same week. Other examples discussed. There is no documentation to support that this is a resident preference.				
P1.23	Hot foods shall be served to resident at a minimum of sixty Degrees Celsius and cold	2008/02/19	Thermal equipment and process has been reviewed and revised to ensure that food stays	2008/02/19	Accepted.

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2809	UKRAINIAN CANADIAN CARE CENTRE 60 RICHVIEW ROAD ETOBICOKE ON M9A 5E4	Others Special Visit	Nutritional	2008/02/19 Number of Days 1	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
	foods shall be served at a maximum of five Degrees Celsius, excluding tube feedings. This criterion is not met as evidenced by: 1. Temperatures of hot foods were noted to be below minimum of Sixty Degrees Celsius observed lunch and dinner meals on third floor on February 19, 2008. Examples include, Turkey Schnitzel, Beef Cottage Roll, Buckwheat Kasha, Pureed Beef. 2. Staff did not monitor food temperatures at observed lunch meal service.		hot. The hot carts are turned on one hour before meal so that the surface is hot when the food is brought up. Temperature audit forms are placed in serveries and staff are recording the food temperatures at each meal. Process revised to ensure any temperature concerns are addressed by FSM and corrected. Responsibility: Food Service Manager		