Ministry of Health and Long-Term Care

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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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) 327-7323
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Ontario

March 18, 2008

Ms. Barbara Tomaszewski
Administrator
Wellesley Central Place
160 Wellesley Street Est
Toronto ON M4Y 1J2

Dear Ms. Tomaszewski:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on **April 23, 25, 26, (Exit) April 27, 2007.**

This **Dietary Follow-up 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 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,

Tiina Tralman
Dietray Advisor

Encl:

c: Legislative Library
Concerned Friends
OLTCA
OANHSS
CCAC
Compliance Advisor

Home: 2959 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
2959	WELLESLEY CENTRAL PLACE 160 WELLESLEY STREET EAST TORONTO ON M4Y 1J2	Follow up - Dietary Referral RT.0039 April 23, 25, 26(Exit April 27, 2007)	Nutritional	2007/04/23 Number of Days 4	1 of 5

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	Criteria B3.24. P1.18 and P1.22 issued October 3-5, 2006 were found to be resolved during this dietary follow-up. The following criterion was reissued:				
B3.23	B3.23 issued October 3,4,5 2006 Reissued Each resident shall receive nutritional care according to his/her assessed needs and measures shall be taken to identify and address problems related to nutritional care. This criterion is not met as evidenced by: 1. Staff did not routinely refer to resident diet list for accuracy and provision of nutritional care interventions at meals and snacks. Documented mealtime nutritional interventions including high protein milk, bowel protocol interventions, assertive devices, individual documented preferences, small portions were not provided to 13/18 (72%) identified residents at breakfast; 7/11 (64%) identified residents at lunch on April 25; 5/6 (83%) identified residents at lunch April 26, 2007.	2007/04/27	Immediate: -Review care plans and ensure each resident has location of meals and eating pattern. -Redirection and re-instruction of PSW staff in regard to application of Home's policy and procedure on provision of nourishments, meals and snacks. -Reinforcement of the processes on 1:1 basis with all registered staff in regard to supervision of meal intake, provision of thickened fluids, nutritional supplements and following up on referrals to dietician. -Care Plans are to be adjusted according to resident's location and eating patterns preference. Short Term: -Dietary staff was in-serviced on reading the diet list and therapeutics on May 10 and May 17,	2007/09/30	Accepted

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	Documented nutritional interventions and special snacks were not made available to 3/5 (60%) and 4/8 (50%) of identified residents at morning and mid-afternoon snacks April 23, April 25, 2007 respectively. Interdisciplinary communications was not evident to address missing items. 2. Identified residents prescribed renal modified diabetic diets received restricted renal food items at observed meals. 3. Identified residents for renal modified diabetic diets and Lacto Ovo Vegetarian diets were not offered appropriate choices at observed meals. 4. Identified resident did not receive prescribed nutritional supplement according to diet order and care plan directions. Identified residents received interventions for which there was no order. 5. Identified residents did not receive thickened beverages to ordered consistency at observed meals. One identified resident received regular fluids on two occasions.		2007. -Provision of educational in-services to all staff on proviso of nutritional care according to diet order and Care plan directives, process of thickening fluids and rationale for it's intervention as well as dietician referral process. Long Term: -Meal Service Audits to be completed weekly to ensure dietary staff are reading the therapeutics and the diet list. -Care plan to be reviewed at each quarter to ensure all appropriate information is current -Continuation with Accountability Framework (Continuous Quality Improvement-CQI) in a format of increased meal and dining room audits to ensure that Standard B3.23 has been met -An ongoing support to registered staff and PSWs in a form of continuing education within a realm of Nutritional Care provision. -Continuation with increased audits within an		

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	6. Referral was not forwarded to the clinical dietitian to assess identified residents with inadequate food and fluid intake. 7. Identified residents care plan did not reflect location of meals and eating pattern.		area of accuracy of care plans to reflect preferences of residents. Responsibility: FSM/Rd DOC/Educator Registered Staff Operations Manager Food Service Manager PSW		
B3.32	The following statements of unmet were issued: Each resident shall receive encouragement, supervision and assistance with food and fluid intake to promote his/her safety, comfort and independence in eating. This criterion is not met as evidenced by: 1. Identified resident did not receive encouragement to eat or drink throughout the meal service to ensure completion of meal. Resident waited for assistance/encouragement to eat beyond the maximum 5 minute delay (P1.25). Resdient's meal was not reheated.	2007/04/27	Immediate: -Staff was redirected regarding standard P1.25 on an individual basis as well as a group. Short Term: -Educational session on Fine Dining, staff behavior during meal time and importance of residents' encouragement to eat. -Reassessment of seating plan and dynamics of each dining room. Long Term: -Continue with CQI process (auditing) to assure that corrective interventions which were put in place will be met.	2007/05/25	Accepted

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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: FSM DOC/Educator Registered Staff Management Team Administrator		
O3.2	Work routines that include cleaning frequencies and schedules of cleaning shall be established and followed. This criterion is not met as evidenced by: 1. Build of food residue, grease, around and behind kitchen food service equipment; transportation and bus carts are not routinely cleaned and sanitized after use; Refrigerator floors were un cleaned with spilled food; servery and dish room areas are not routinely cleaned of food residue. Not all pieces of equipment are identified on the cleaning schedule. 2. Heavy duty cleaning schedules are not in place.	2007/04/27	Immediate: - Heavy duty cleaner cleaned the floors in the kitchen. Dietary staff did a thorough cleaning of the kitchen. Short Term: -Cleaning lists were reviewed and items were added. -Staff was in serviced on the cleaning lists as well as our expectations of cleanliness. Long Term: -Auditing to be done on a weekly and monthly basis with an emphasis on cleanliness in the RHA's and main kitchen. Responsibility:	2007/05/31	Accepted

Home: 2959 /Visit: 1

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Doc/Registered Staff **ESM** **FSM** **Operations Manager**		

FACILITY REVIEW SUMMARY REPORT	
Long-Term Care Facility: Wellesley Central Place	
Date of Review: April 23, 25, 26 (Exit) April 27, 2007	
Type of Review: Dietary Follow-up to RT0039	
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, and the *Health Care Consent Act* and the *Substitute Decisions Act.*	**Standard Not Met** **B3.23 re-issued. Each resident did not receive nutritional care according to his/her assessed needs and measures were not taken to identify and address problems related to nutritional care. Examples were discussed with the home.** **B3.32 issued. Each resident did not receive encouragement, supervision and assistance with food and fluid intake to promote his/her safety, comfort and independence in eating. Examples were discussed with the home.**
Environmental Services	
The facility, including furnishings and equipment, is kept clean.	**Standard Not Met** **03.2 issued. Work routines that include cleaning frequencies and schedules of cleaning established were not followed. Examples were discussed with the home.**
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** **Discussion was held regarding observations:** **Not all residents are identified with a designated seat in the dining room. Table seating plans or information sheets do not include residents who take meals in other locations or one or more meals in their rooms.** **Dining practices including removal of soiled dishes prior to serving of desserts was not followed. Washing hands between removing soiled dishes and serving food was not always practiced.** **Discussion with some residents revealed extended waiting time between the offering of choices to residents and serving of meals.** **Discussion was held with the clinical dietitian to ensure specified fluid restrictions are clearly communicated to staff when beverages are offered and served.** **Discussion was held with the food service manager. Not all menu items on the menu at a glance are clearly presented so residents know what is being served.** **Some menu items for therapeutic diets were not available at point of meal service. For example, Fruit and**

	cottage cheese platter was not prepared (April 23), Pureed fruited Jell-O (April 25), Veggie patty (April 26) (P1.14). **Diabetic diet portion sizes were not always provided according to the therapeutic directions (P1.22)**

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

Wellesley Central Place
160 Wellesley Street East
Toronto ON M4Y 1J2

Governing body/Organisme responsable

Dr. Paul and John Rekai Centres

Administrator/Directeur général/directrice général

Ms. Barbara Tomaszewski

Approved capacity/Nombre de lits autorisés

150

Type of review/Genre d'inspection

Review date/Date de l'inspection

DIETARY FOLLOW UP REFERRAL RT. 0039
April 23, 25, 25, 26, (Exit) April 27, 2007

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:
Director
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) 327-8952
1-800-595-9394 (Toll Free)

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:
Directeur ou directrice de la 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) 327-8952
1-800-595-9394 (Appels sans frais)

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.***