



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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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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Réport Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 13, 2013	2013_168202_0066	T-539-13	Other

Licensee/Titulaire de permis

BETHANY LODGE FOUNDATION
23 Second Street, MARKHAM, ON, L3R-2C2

Long-Term Care Home/Foyer de soins de longue durée

BETHANY LODGE
23 Second Street, MARKHAM, ON, L3R-2C2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

VALERIE JOHNSTON (202)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): December 09, 10, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Food Service Manager, Interim Program & Support Coordinator, Registered Nursing Staff, Personal Support Workers, Resident

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed Residents' Council meeting minutes from January-November 2013, observed lunch meal service, conducted a tour of all resident home areas.

The following Inspection Protocols were used during this inspection:



**Dining Observation
Residents' Council**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).



Findings/Faits saillants :

1. The licensee failed to ensure that the licensee respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations. [s.57. (2)]

An interview with a member of Residents' Council revealed that the licensee does not respond in writing to the concerns or recommendations raised at Residents' council meetings. The Residents' Council meeting minutes were reviewed from January-November 2013 which revealed concerns that had been raised during monthly meetings. An interview with the Administrator revealed that the home responds to concerns raised by the Residents' Council, however was unable to confirm the date of each response. [s. 57. (2)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle, (f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's menu cycle is reviewed by the Residents' Council for the home. [s.71. (1)(f)]

An interview with a member of Residents' Council revealed that the home's menu cycle had not been reviewed by the Residents' Council. An interview with the Food Service Manager (FSM) revealed that the home has two menu cycles for the year, one for Spring/Summer which was implemented on May 06, 2013 and the Fall/Winter menu which was implemented on December 02, 2013. The FSM indicated that the home's menu cycles had not been reviewed by the Residents' Council. [s. 71. (1) (f)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the dining and snack service includes a review of the meal and snack times by the Residents' Council. [s.73(1)2].

An interview with a member of Residents' Council revealed that the meal and snack times had not been reviewed by Residents' Council. A review of the Residents' council meeting minutes from January-November 2013 revealed no indication that meal and snack times for the home had been reviewed. The Food Service Manager confirmed in an interview that the meal and snack times for the home had not been reviewed by Residents' Council. [s. 73. (1) 2.]

Issued on this 19th day of December, 2013

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Valerie Johnston.