



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 27, 2015	2015_398605_0020	T-1691-15	Resident Quality Inspection

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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

Cheltenham Care Community
5935 BATHURST STREET NORTH YORK ON M2R 1Y8

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

SARAH KENNEDY (605), ARIEL JONES (566), STELLA NG (507)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 12, 13, 14, 17 & 18, 2015

The following residents identified in inspection #2014_321501_0024 have been assigned new resident numbers in this report:

**Resident #030, previously identified as resident #1.
Resident #031, previously identified as resident #4.
Resident #033, previously identified as resident #7.**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), interim Director of Care (DOC), Assistant Director of Care (ADOC), Resident Relations Coordinator, Director of Resident Programs, Registered Dietitian (RD), registered nursing staff, Director of Dietary Services (DDS), dietary aide, Personal Support Workers (PSWs), residents, family members and substitute decision makers.

During the course of the inspection, the inspector(s) observed the provision of resident care and dining service, conducted a tour of the home, reviewed clinical and administration records and reviewed applicable home policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

- 7 WN(s)
- 1 VPC(s)
- 3 CO(s)
- 0 DR(s)
- 0 WAO(s)

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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. LTCHA, 2007 s.3.(1)4. was issued as a written notification on September 30, 2014, during inspection #2014_108110_0010. LTCHA, 2007 s.3.(1)4. was issued again as a voluntary plan of correction during inspection #2014_321501_0024, on February 26, 2015. During the course of this inspection, inspector #605 identified four residents needing alternative dietary options due to religious beliefs.

Due to the scope of residents affected and the previous compliance history, a compliance order is warranted.

The licensee has failed to ensure that every residents right to be properly fed and cared for in a manner consistent with his or her needs is fully respected and promoted. Residents #030, #031, #033 and #036's spiritual need for cultural foods was not fully respected and promoted.

Resident #030 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that he/she ate cultural foods prior to moving to Cheltenham Care Community and that it means a great deal to him/her to eat cultural foods as part of his/her religious observance. As was previously identified in inspection #2014_321501_0024, the home was aware of resident #030's preference for cultural foods. Interview with the resident confirmed that he/she feels being offered cultural meals is important. He/she stated that he/she been asking for the home to offer cultural meals for a few years.

Resident #031 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident confirmed that he/she would like to eat cultural foods and that he/she currently doesn't

eat certain foods at Cheltenham Care Community because they are not cultural foods. It was identified in inspection #2014_321501_0024, that the home was aware that resident #031 wants to eat cultural food. The resident stated that it is important to him/her to follow a cultural diet and he/she would like cultural foods to be provided at the home.

Resident #033 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving to Cheltenham. It was identified in inspection #2014_321501_0024, that the home is aware of resident #033's preference for cultural foods and the home is aware that the resident eats one meal at the home, but his/her family drops off cultural meals for other meals because the home does not provide cultural meals. An interview with an identified family member confirmed that family brings in meals for resident #033.

Resident #036 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is important to him/her and he/she ate cultural foods prior to moving to Cheltenham. Review of the initial nutrition assessment revealed that resident #036 ate cultural meals prior to moving to Cheltenham. An interview with a family member revealed that the home does not offer cultural meals.

Interview with the Resident Relations Co-ordinator revealed that residents are told prior to admission at Cheltenham Care Community that the home does not serve cultural meals. This staff member said that it is explained to residents that they will be offered an alternative meal, but if this isn't OK with residents they have the choice to go to another home.

Interview with the Registered Dietitian (RD) confirmed that because cultural meals are not offered, the home is not fully promoting the right of residents that require to be fed in a manner consistent with their needs.

Review of the homes voluntary plan of correction (completed after inspection #2014_321501_0024) revealed that the home has not made any changes to ensure that residents are fed and cared for in a manner consistent with their needs.

Interview with the Executive Director confirmed that Cheltenham Care Community does not offer cultural meals. [s. 3. (1) 4.]



Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**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. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Findings/Faits saillants :

1. LTCHA, 2007 s. 71. (5) was issued as a voluntary plan of correction on February 26, 2015, during inspection #2014_321501_0024. During the course of inspection #2015_398605_0020, inspector #605 identified five residents needing individualized menus whose needs cannot be met through the home's menu cycle.

Therefore, due to scope and previous compliance history, a compliance order is warranted.

The licensee has failed to ensure that an individualized menu is developed for residents #030, #033, #031, #037 and #036 whose needs cannot be met through the home's menu cycle.

1. Review of resident #030's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that he/she followed a cultural diet prior to moving to Cheltenham Care Community and that it means a great deal to him/her to follow a cultural diet as part of his/her religious observance. Resident #030 stated that he/she has been asking for the home to offer cultural meals for 3 years.

Interview with the Director of Dietary Services revealed that since the previous inspection in February 2015, the home has not achieved compliance to ensure that resident #030 has an individualized menu providing cultural foods to meet his/her spiritual needs. [s. 71. (5)]

2. Review of resident #033's written plan of care revealed that the resident is of an

identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving into Cheltenham. The resident stated that he/she eats a meal at the home, but his/her family drops off cultural meals for other meals because the home does not provide cultural meals. An interview with an identified family member confirmed that family brings in two meals for resident #033. The identified family member revealed that the home is aware that meals are brought in for resident #033.

Interview with the DDS revealed that family brings in meals for resident #033 because the resident likes cultural foods. The DDS confirmed that since the previous inspection in February 2015, the home has not achieved compliance to ensure that resident #033 has an individualized menu providing cultural foods to meet his/her individual needs.

Interview with the ED revealed that she was not aware that resident #033's family was bringing in meals. [s. 71. (5)]

3. Review of resident #031's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is important to him/her. Review of the initial nutrition assessment revealed that resident #031 has dietary preferences for religious reasons.

Interview with the RD revealed that resident food preferences are collected on admission and that the home does not offer cultural meals. [s. 71. (5)]

4. Review of resident #037's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her. He/she stated that he/she would absolutely like to be offered cultural food. The resident also stated that he/she was served an identified food item that was inconsistent with his/her cultural diet once before, and he/she has felt sick ever since. [s. 71. (5)]

5. Review of resident #036's written plan of care confirmed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is important to him/her and he/she ate cultural foods prior to moving to Cheltenham.

Record review revealed that the resident has dietary preferences.

Interview with an identified family member revealed that the resident receives vegetarian



meals because the home does not offer cultural meals. [s. 71. (5)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 91. Resident charges

Specifically failed to comply with the following:

s. 91. (4) A licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf. 2007, c. 8, s. 91. (4).

Findings/Faits saillants :

1. LTCHA, 2007 s. 91. (4) was issued as a voluntary plan of correction on February 26, 2015, during inspection #2014_321501_0024.

Due to previous compliance history in which the home's voluntary plan of correction action did not address the findings of the first inspection report by encouraging residents to purchase their own food, this compliance order is warranted.

The licensee has failed to ensure that they shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf that the licensee is prohibited from charging for under the legislation.

According to the definitions set out in the Regulation, basic accommodation and preferred accommodation includes dietary services and raw food.

Resident #033 paid the co-payment charge for dietary services and raw food. Cultural food is an eligible expenditure under the raw food and other accommodation envelopes. To the extent that the accommodation fee does not cover the full cost of the food, the licensee can claim the rest of the cost as eligible expenditures through the raw food and other accommodation envelopes pursuant to the Ministry's funding and financial management policies. The LTCHA and Regulation prohibit the licensee from charging a



resident for goods and services that a licensee is required to provide to a resident.

Resident #033 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving to Cheltenham. The resident stated that he/she eats one meal at the home, but his/her family brings in cultural meals for two other meals because the home does not provide cultural meals. An interview with the resident's substitute decision maker (SDM) confirmed that family members drop off two meals for resident #033. The SDM revealed that the home is aware that meals are brought in for resident #033. It was identified in inspection #2014_321501_0024, that family members have been bringing in cultural food from home for resident #033 for the previous two years. Interview with resident #033's SDM revealed that since inspection #2014_321501_0024, no changes have been made to resident #033's diet.

Interview with the DDS revealed that resident #033 is brought cultural foods by relatives. The DDS also revealed that the home does not reimburse residents' for the cost of cultural meals.

Review of the homes voluntary plan of correction (completed after inspection #2014_321501_0024) reveals "residents who wish to purchase alternate meals (Kosher, Halal, Chinese, Pizza, etc.) may do so at their own expense at any time and residents/families are informed at the time of application, tour and admission that the home does not provide cultural foods".

Interview with the Executive Director revealed that she was not aware resident #033's family was bringing in meals for the resident. The Executive Director confirmed that Cheltenham Care Community does not offer cultural meals. [s. 91. (4)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences.

Resident #037 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her. He/she stated that he/she would absolutely like to be offered cultural food. Resident #037 revealed that he/she ate cultural foods prior to moving to Cheltenham. An interview with the Director of Resident Programs revealed that religion is very important to him/her.

Interview with both the DDS and RD revealed that they were not sure of resident #037's preference for cultural foods because it is not something that is discussed or assessed during nutritional assessments as the home does not provide this dietary option. [s. 6. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that equipment is kept clean and sanitary.

Observations on August 12, 14, and 17, 2015, revealed that the wheelchairs used by residents #001 and #002 were not clean.

On August 12, 14, and 17, 2015, resident #001's wheelchair seat cover was noted to be soiled with sizable white markings on the seat cushion and resident #002's wheelchair was noted to be soiled with brown coloured food debris near the left brake handle.

On August 17, 2015, an interview with RN #102 confirmed that both resident #001 and resident #002's wheelchairs appeared soiled and required cleaning.

Record review of the cleaning schedule for wheelchairs/gerichairs/walkers revealed that both chairs are to be cleaned on Monday nights and were last signed off as being cleaned on August 10, 2015.

The identified registered staff member attended to the identified wheelchairs immediately once they were brought to her attention and confirmed as unclean.

Interviews with RPN #109 and the ADOC #117 revealed that the home has a weekly wheelchair and walker cleaning schedule performed by night staff, and that an identified company comes in to deep clean the wheelchairs every two months. The ADOC confirmed that front line staff are expected to clean the chairs as per the weekly schedule and as needed. [s. 15. (2) (a)]



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**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee has failed to ensure that copies of the inspection reports from the past two years for the long-term care home are posted in the home.

On August 12, 2015, the inspector observed the following inspection reports were not posted: 2014_108110_0010, 2014_357101_0027 and 2014_357101_0009.

Interview with the ED confirmed that the above mentioned reports were not posted and the expectation is for reports from the previous two years to be posted. [s. 79. (3) (k)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff participate in the infection prevention and control (IPAC) program.

The following observations were made by inspector #507 on August 12 and 13, 2015:

- One unlabeled towel rack with used towels on it near the sink in a room shared by two residents, two unlabeled towel racks with towels on them in a bathroom shared by four residents;
- One unlabeled towel rack near the sink in a room shared by two residents, two unlabeled towel racks in a bathroom shared by four residents;
- One unlabeled towel rack in a bathroom shared by two residents;
- One unlabeled towel rack near the sink in a room shared by two residents, two unlabeled towel racks in a bathroom shared by four residents, three unlabeled oxygen masks on a shelf above the shared sink in a bedroom;
- One unlabeled towel rack near the sink in a bedroom shared by two residents, two unlabeled towel racks with towels on them in a bathroom shared by four residents;
- One unlabeled towel rack in a bathroom shared by two residents, and
- One unlabeled towel rack in a bathroom shared by two residents.

An interview with the IPAC lead confirmed that as per the home's IPAC practices all residents' personal items, including oxygen masks and towel racks in shared resident rooms and bathrooms, should be clearly labeled, and that it is the expectation that all staff participate in the home's IPAC program. [s. 229. (4)]

Issued on this 30th day of November, 2015

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

Original report signed by the inspector.



Ministry of Health and
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Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SARAH KENNEDY (605), ARIEL JONES (566), STELLA
NG (507)

Inspection No. /

No de l'inspection : 2015_398605_0020

Log No. /

Registre no: T-1691-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Nov 27, 2015

Licensee /

Titulaire de permis :

Vigour Limited Partnership on behalf of Vigour General
Partner Inc.
302 Town Centre Blvd, Suite #200, MARKHAM, ON,
L3R-0E8

LTC Home /

Foyer de SLD :

Cheltenham Care Community
5935 BATHURST STREET, NORTH YORK, ON,
M2R-1Y8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Christine Murad



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

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des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

To Vigour Limited Partnership on behalf of Vigour General Partner Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and

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other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall ensure that residents who have self-identified that they are of an identified faith, are afforded the opportunity to discuss their religious dietary needs during admission, care conferences and quarterly reviews and will be referred to and assessed by a registered dietitian when their needs cannot be met through the home's menu cycle.

The licensee shall then develop and implement identified acceptable religious dietary options and alternatives, which is consistent with the residents' needs at no charge.

Grounds / Motifs :

1. 1. LTCHA, 2007 s.3.(1)4. was issued as a written notification on September 30, 2014, during inspection #2014_108110_0010. LTCHA, 2007 s.3.(1)4. was issued again as a voluntary plan of correction during inspection #2014_321501_0024, on February 26, 2015. During the course of this inspection, inspector #605 identified four residents needing alternative dietary options due to religious beliefs.

Due to the scope of residents affected and the previous compliance history, a compliance order is warranted.

The licensee has failed to ensure that every residents right to be properly fed and cared for in a manner consistent with his or her needs is fully respected and promoted. Residents #030, #031, #033 and #036's spiritual need for cultural

foods was not fully respected and promoted.

Resident #030 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that he/she ate cultural foods prior to moving to Cheltenham Care Community and that it means a great deal to him/her to eat cultural foods as part of his/her religious observance. As was previously identified in inspection #2014_321501_0024, the home was aware of resident #030's preference for cultural foods. Interview with the resident confirmed that he/she feels being offered cultural meals is important. He/she stated that he/she been asking for the home to offer cultural meals for a few years.

Resident #031 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident confirmed that he/she would like to eat cultural foods and that he/she currently doesn't eat certain foods at Cheltenham Care Community because they are not cultural foods. It was identified in inspection #2014_321501_0024, that the home was aware that resident #031 wants to eat cultural food. The resident stated that it is important to him/her to follow a cultural diet and he/she would like cultural foods to be provided at the home.

Resident #033 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving to Cheltenham. It was identified in inspection #2014_321501_0024, that the home is aware of resident #033's preference for cultural foods and the home is aware that the resident eats one meal at the home, but his/her family drops off cultural meals for other meals because the home does not provide cultural meals. An interview with an identified family member confirmed that family brings in meals for resident #033.

Resident #036 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is important to him/her and he/she ate cultural foods prior to moving to Cheltenham. Review of the initial nutrition assessment revealed that resident #036 ate cultural meals prior to moving to Cheltenham. An interview with a family member revealed that the home does not offer cultural meals.



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Interview with the Resident Relations Co-ordinator revealed that residents are told prior to admission at Cheltenham Care Community that the home does not serve cultural meals. This staff member said that it is explained to residents that they will be offered an alternative meal, but if this isn't OK with residents they have the choice to go to another home.

Interview with the Registered Dietitian (RD) confirmed that because cultural meals are not offered, the home is not fully promoting the right of residents that require to be fed in a manner consistent with their needs.

Review of the homes voluntary plan of correction (completed after inspection #2014_321501_0024) revealed that the home has not made any changes to ensure that residents are fed and cared for in a manner consistent with their needs.

Interview with the Executive Director confirmed that Cheltenham Care Community does not offer cultural meals. (605)

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Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Order / Ordre :

The licensee shall meet with those residents in the home (or SDM if the resident is not capable) who have self-identified that they are of an identified faith, to discuss their specific religious dietary needs and acceptable options and alternatives, including cultural foods, to meet these needs.

The licensee shall then implement an individualized menu that includes the identified options and alternatives that meets the residents' needs at no charge.

Grounds / Motifs :

1. 1. LTCHA, 2007 s. 71. (5) was issued as a voluntary plan of correction on February 26, 2015, during inspection #2014_321501_0024. During the course of inspection #2015_398605_0020, inspector #605 identified five residents needing individualized menus whose needs cannot be met through the home's menu cycle.

Therefore, due to scope and previous compliance history, a compliance order is warranted.

The licensee has failed to ensure that an individualized menu is developed for residents #030, #033, #031, #037 and #036 whose needs cannot be met through the home's menu cycle.

1. Review of resident #030's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that he/she followed a cultural diet prior to moving to Cheltenham Care Community and that it means a great deal to him/her to follow a cultural diet as part of his/her religious observance. Resident #030 stated that he/she has been asking for the home to

offer cultural meals for 3 years.

Interview with the Director of Dietary Services revealed that since the previous inspection in February 2015, the home has not achieved compliance to ensure that resident #030 has an individualized menu providing cultural foods to meet his/her spiritual needs. [s. 71. (5)]

2. Review of resident #033's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving into Cheltenham. The resident stated that he/she eats a meal at the home, but his/her family drops off cultural meals for other meals because the home does not provide cultural meals. An interview with an identified family member confirmed that family brings in two meals for resident #033. The identified family member revealed that the home is aware that meals are brought in for resident #033.

Interview with the DDS revealed that family brings in meals for resident #033 because the resident likes cultural foods. The DDS confirmed that since the previous inspection in February 2015, the home has not achieved compliance to ensure that resident #033 has an individualized menu providing cultural foods to meet his/her individual needs.

Interview with the ED revealed that she was not aware that resident #033's family was bringing in meals. [s. 71. (5)]

3. Review of resident #031's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is important to him/her. Review of the initial nutrition assessment revealed that resident #031 has dietary preferences for religious reasons.

Interview with the RD revealed that resident food preferences are collected on admission and that the home does not offer cultural meals. [s. 71. (5)]

4. Review of resident #037's written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her. He/she stated that he/she would absolutely like to be offered cultural food. The resident also stated that he/she was served an identified food item that was inconsistent with his/her cultural diet once before,



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and he/she has felt sick ever since. [s. 71. (5)]

5. Review of resident #036's written plan of care confirmed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is important to him/her and he/she ate cultural foods prior to moving to Cheltenham.

Record review revealed that the resident has dietary preferences.

Interview with an identified family member revealed that the resident receives vegetarian meals because the home does not offer cultural meals. [s. 71. (5)] (605)

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Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 91. (4) A licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf. 2007, c. 8, s. 91. (4).

Order / Ordre :

The licensee shall prepare, implement and submit a plan explaining how residents who have been paying for cultural meals (in order to meet their dietary needs and preferences) will be reimbursed for this expense.

Grounds / Motifs :

1. 1. LTCHA, 2007 s. 91. (4) was issued as a voluntary plan of correction on February 26, 2015, during inspection #2014_321501_0024.

Due to previous compliance history in which the home's voluntary plan of correction action did not address the findings of the first inspection report by encouraging residents to purchase their own food, this compliance order is warranted.

The licensee has failed to ensure that they shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf that the licensee is prohibited from charging for under the legislation.

According to the definitions set out in the Regulation, basic accommodation and preferred accommodation includes dietary services and raw food.

Resident #033 paid the co-payment charge for dietary services and raw food. Cultural food is an eligible expenditure under the raw food and other accommodation envelopes. To the extent that the accommodation fee does not cover the full cost of the food, the licensee can claim the rest of the cost as eligible expenditures through the raw food and other accommodation envelopes pursuant to the Ministry's funding and financial management policies. The



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LTCHA and Regulation prohibit the licensee from charging a resident for goods and services that a licensee is required to provide to a resident.

Resident #033 was admitted to the home on an identified date. Review of the written plan of care revealed that the resident is of an identified faith. An interview with the resident revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving to Cheltenham. The resident stated that he/she eats one meal at the home, but his/her family brings in cultural meals for two other meals because the home does not provide cultural meals. An interview with the resident's substitute decision maker (SDM) confirmed that family members drop off two meals for resident #033. The SDM revealed that the home is aware that meals are brought in for resident #033. It was identified in inspection #2014_321501_0024, that family members have been bringing in cultural food from home for resident #033 for the previous two years. Interview with resident #033's SDM revealed that since inspection #2014_321501_0024, no changes have been made to resident #033's diet.

Interview with the DDS revealed that resident #033 is brought cultural foods by relatives. The DDS also revealed that the home does not reimburse residents for the cost of cultural meals.

Review of the homes voluntary plan of correction (completed after inspection #2014_321501_0024) reveals "residents who wish to purchase alternate meals (Kosher, Halal, Chinese, Pizza, etc.) may do so at their own expense at any time and residents/families are informed at the time of application, tour and admission that the home does not provide cultural foods".

Interview with the Executive Director revealed that she was not aware resident #033's family was bringing in meals for the resident. The Executive Director confirmed that Cheltenham Care Community does not offer cultural meals. (605)

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 27th day of November, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Sarah Kennedy

Service Area Office /

Bureau régional de services : Toronto Service Area Office