



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

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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5700 Yonge Street 5th Floor
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 6, 2016	2016_398605_0005	034360-15	Follow up

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)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 11 & 12, 2016.

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.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Registered Dietitian (RD), corporate dietary consultant, registered nursing staff, Director of Dietary Services (DDS), Personal Support Workers (PSWs), residents and substitute decision makers.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

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

3 WN(s)

0 VPC(s)

3 CO(s)

3 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 :

LTCHA, 2007 s.3.(1)4. was issued as a voluntary plan of correction during inspection



#2014_321501_0024, on February 26, 2015. LTCHA, 2007 s.3(1)4. was issued as a compliance order (CO #001) on November 27, 2016, with a compliance order date of December 30, 2015. During the course of this inspection, inspector #605 identified three residents needing alternative dietary options due to religious beliefs.

Due to the scope of residents affected and the previous compliance history, a re-issue of compliance order #001 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.

Resident #030 was admitted to the home on an identified date. Review of the plan of care revealed the resident is of an identified faith. As previously identified in inspection #2014_321501_0024, the home is aware of resident #030's preference for cultural foods. It was also previously identified in inspection #2015_398605_0020, that resident #030 regularly attends religious services within the home. A recent interview with resident #030 revealed the home does not provide cultural meals and eating cultural foods is still important to him/her. Resident #030 stated the meals provided at Cheltenham Care Community do not meet his/her religious requirements.

Resident #033 was admitted to the home on an identified date. A review of the plan of care revealed that the resident is of an identified faith. As previously identified in inspection 2015_398605_0020, resident #033 revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving to Cheltenham Care Community. It was also previously identified in inspection #2015_398605_0020, that resident #033 regularly attends religious services in the home. It was also identified in inspection #2015_398605_0020, that the home is aware of resident #033's preference for cultural foods and the home is aware that the resident eats breakfast at the home, but his/her family drop off cultural meals for lunch and dinner because the home does not provide cultural meals. A recent interview with an identified SDM revealed family continues to bring in cultural meals for lunch and dinner for resident #033.

Resident #036 was admitted to the home on an identified date. Review of the plan of care revealed the resident is of an identified faith. It was previously identified in inspection #2015_398605_0020, that following a cultural diet is important to him/her and he/she ate cultural foods prior to moving to Cheltenham.

Review of the "Religious and Cultural Menu Guidelines", updated October 2015, reveals

the home offers a special cultural diet. The guidelines reveal a full cultural diet is not available due to limitation of space, environment and resources. Individually purchased cultural food items can be placed on the menu when applicable to ensure a variety of food is available to residents.

An interview with the Registered Dietitian (RD) revealed the home does not offer cultural meals and has not individually purchased cultural items to add to the menu.

An interview with the Executive Director (ED) revealed the home is not offering cultural meals because none of the residents at Cheltenham Care Community follow a strict cultural diet.

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

**WN #2: 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 :

LTCHA, 2007 s. 91 (4) was issued as a voluntary plan of correction on February 26, 2015, with inspection #2014_321501_0024. LTCHA, 2007 s. 91 (4) was issued as a compliance order (CO #003) on November 27, 2015, during inspection #2015_398605_0020, with a compliance order date of December 30, 2015.

Due to the previous compliance history in which the home was ordered but did not 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) and the reimbursement to residents for this expense, re-issue of compliance order#003 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 plan of care revealed the resident is of an identified faith. An interview with the resident revealed he/she follows a cultural diet. A previous 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 both inspection #2014_321501_0024 and #2015_398605_0020, that family members are bringing in cultural food from home for resident #033's lunch and dinner. A recent interview with resident #033's SDM revealed that since inspection #2014_321501_0024 and #2015_398605_0020, no changes have been made to resident #033's diet. The SDM revealed no one from the home has ever offered to reimburse resident #033's family for the cost of providing cultural meals.

On February 12, 2016, resident #033 was observed eating a meal in the dining room. An interview with staff member #104 confirmed staff re-heated food for resident #033 that the resident's family had provided. Resident #033 was not eating the meal provided by the home.

An interview with the ED revealed resident #033's family has not been reimbursed for the cost of cultural foods. The ED confirmed Cheltenham Care Community does not currently provide cultural meals as no one in the home follows a strict cultural diet. The ED stated



resident #033 came to the home knowing cultural meals are not offered. The ED was unable to provide inspector #605 with 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, as per the previous compliance order.

Additional Required Actions:

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 003 – The above written notification is also being referred to the Director for further action by the Director.***

**WN #3: 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 :

LTCHA, 2007 s. 71 (5) was issued as a voluntary plan of correction on February 26, 2015, during inspection #2014_321501_0024. LTCHA, 2007 s. 71 (5) was issued as a compliance order (CO #002) on November 27, 2015, in inspection #2015_398605_0020, with a compliance order date of December 30, 2015. During the course of this inspection, 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, re-issue of compliance order #002 is warranted.

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

A review of resident #030's plan of care revealed that the resident is of an identified faith. A recent interview with the resident revealed that following a cultural diet is important to



him/her.

A review of resident #033's plan of care revealed the resident is of an identified faith. It was previously identified in inspection #2015_398605_0020, that family members bring in lunch and dinner for resident #033. A recent interview with an identified SDM revealed family members continue to bring in cultural foods for resident #033; the only meal resident #033 eats at the home is breakfast.

A review of resident #036's plan of care revealed that the resident is of an identified faith. It was identified in inspection #2015_398605_0020, that the home does not offer cultural meals.

A review of resident #037's plan of care revealed the resident is of an identified faith. It was previously identified in inspection #2015_398605_0020, that following a cultural diet is very important to the resident. A recent interview with the resident revealed the resident would prefer to eat cultural foods but the meals at the home don't always meet her needs.

A review of resident #031's plan of care revealed the resident is of an identified faith. An interview with the resident confirmed he/she only eats cultural food.

An interview with the ED revealed the home does not provide cultural meals. The ED and RD were not able to provide evidence that residents who had self-identified as being of an identified faith, had the opportunity to discuss their religious dietary needs, as per the previous order.

Additional Required Actions:

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 002 – The above written notification is also being referred to the Director for further action by the Director.***



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 6th day of April, 2016

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

Original report signed by the inspector.



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

**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*

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de sions de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SARAH KENNEDY (605)

Inspection No. /

No de l'inspection : 2016_398605_0005

Log No. /

Registre no: 034360-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Apr 6, 2016

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*

**Ministère de la Santé et
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 # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2015_398605_0020, CO #001;
existant:

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 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

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Pursuant to section 153 and/or
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to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and 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. LTCHA, 2007 s.3.(1)4. was issued as a voluntary plan of correction during inspection #2014_321501_0024, on February 26, 2015. LTCHA, 2007 s.3(1)4. was issued as a compliance order (CO #001) on November 27, 2016, with a compliance order date of December 30, 2015. During the course of this inspection, inspector #605 identified three residents needing alternative dietary options due to religious beliefs.

Due to the scope of residents affected and the previous compliance history, a re-issue of compliance order #001 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.

Resident #030 was admitted to the home on an identified date. Review of the plan of care revealed the resident is of an identified faith. As previously identified in inspection #2014_321501_0024, the home is aware of resident #030's preference for cultural foods. It was also previously identified in inspection #2015_398605_0020, that resident #030 regularly attends religious services within the home. A recent interview with resident #030 revealed the home does not provide cultural meals and eating cultural foods is still important to him/her. Resident #030 stated the meals provided at Cheltenham Care Community do not meet his/her religious requirements.

Resident #033 was admitted to the home on an identified date. A review of the plan of care revealed that the resident is of an identified faith. As previously identified in inspection 2015_398605_0020, resident #033 revealed that following a cultural diet is very important to him/her and he/she ate cultural foods prior to moving to Cheltenham Care Community. It was also previously identified in inspection #2015_398605_0020, that resident #033 regularly attends religious services in the home. It was also identified in inspection #2015_398605_0020, that the home is aware of resident #033's preference for cultural foods and the home is aware that the resident eats breakfast at the home, but his/her family drop off cultural meals for lunch and dinner because the home does not provide cultural meals. A recent interview with an identified SDM revealed family continues to bring in cultural meals for lunch and dinner for resident #033.

Resident #036 was admitted to the home on an identified date. Review of the plan of care revealed the resident is of an identified faith. It was previously identified in inspection #2015_398605_0020, that following a cultural diet is important to him/her and he/she ate cultural foods prior to moving to Cheltenham.

Review of the "Religious and Cultural Menu Guidelines", updated October 2015, reveals the home offers a special cultural diet. The guidelines reveal a full cultural diet is not available due to limitation of space, environment and resources. Individually purchased cultural food items can be placed on the menu when applicable to ensure a variety of food is available to residents.

An interview with the Registered Dietitian (RD) revealed the home does not offer



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cultural meals and has not individually purchased cultural items to add to the menu.

An interview with the Executive Director (ED) revealed the home is not offering cultural meals because none of the residents at Cheltenham Care Community follow a strict cultural diet. (605)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 29, 2016

Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2015_398605_0020, CO #003;
existant:

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. LTCHA, 2007 s. 91 (4) was issued as a voluntary plan of correction on February 26, 2015, with inspection #2014_321501_0024. LTCHA, 2007 s. 91 (4) was issued as a compliance order (CO #003) on November 27, 2015, during inspection #2015_398605_0020, with a compliance order date of December 30, 2015.

Due to the previous compliance history in which the home was ordered but did not 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) and the reimbursement to residents for this expense, re-issue of compliance order#003 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.



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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 plan of care revealed the resident is of an identified faith. An interview with the resident revealed he/she follows a cultural diet. A previous 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 both inspection #2014_321501_0024 and #2015_398605_0020, that family members are bringing in cultural food from home for resident #033's lunch and dinner. A recent interview with resident #033's SDM revealed that since inspection #2014_321501_0024 and #2015_398605_0020, no changes have been made to resident #033's diet. The SDM revealed no one from the home has ever offered to reimburse resident #033's family for the cost of providing cultural meals.

On February 12, 2016, resident #033 was observed eating a meal in the dining room. An interview with staff member #104 confirmed staff re-heated food for resident #033 that the resident's family had provided. Resident #033 was not eating the meal provided by the home.

An interview with the ED revealed resident #033's family has not been reimbursed for the cost of cultural foods. The ED confirmed Cheltenham Care Community does not currently provide cultural meals as no one in the home follows a strict cultural diet. The ED stated resident #033 came to the home knowing cultural meals are not offered. The ED was unable to provide inspector #605 with 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, as per the previous compliance order. (605)



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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Apr 29, 2016

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section 154 of the *Long-Term Care
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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 :** 003**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre existant:** 2015_398605_0020, CO #002;**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 food, 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. LTCHA, 2007 s. 71 (5) was issued as a voluntary plan of correction on February 26, 2015, during inspection #2014_321501_0024. LTCHA, 2007 s. 71 (5) was issued as a compliance order (CO #002) on November 27, 2015, in inspection #2015_398605_0020, with a compliance order date of December 30, 2015. During the course of this inspection, 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, re-issue of compliance order #002 is warranted.

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

A review of resident #030's plan of care revealed that the resident is of an



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identified faith. A recent interview with the resident revealed that following a cultural diet is important to him/her.

A review of resident #033's plan of care revealed the resident is of an identified faith. It was previously identified in inspection #2015_398605_0020, that family members bring in lunch and dinner for resident #033. A recent interview with an identified SDM revealed family members continue to bring in cultural foods for resident #033; the only meal resident #033 eats at the home is breakfast.

A review of resident #036's plan of care revealed that the resident is of an identified faith. It was identified in inspection #2015_398605_0020, that the home does not offer cultural meals.

A review of resident #037's plan of care revealed the resident is of an identified faith. It was previously identified in inspection #2015_398605_0020, that following a cultural diet is very important to the resident. A recent interview with the resident revealed the resident would prefer to eat cultural foods but the meals at the home don't always meet her needs.

A review of resident #031's plan of care revealed the resident is of an identified faith. An interview with the resident confirmed he/she only eats cultural food.

An interview with the ED revealed the home does not provide cultural meals. The ED and RD were not able to provide evidence that residents who had self-identified as being of an identified faith, had the opportunity to discuss their religious dietary needs, as per the previous order. (605)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 29, 2016



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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
Long-Term Care Inspections 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
Long-Term Care Inspections 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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e 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
Inspection de soins de longue durée
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 6th day of April, 2016

**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