



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection September 21 and 22, 2010	Inspection No/ d'inspection 2010_162_9512_21Sep09513 2010_152_9512_21Sep101013 2010_113_9512_20Sep105034 2010_132_9512_22Sep112220	Type of Inspection/Genre d'inspection Complaint T0862
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Licensee/Titulaire
Toronto Long-Term Care Homes and Services
55 John Street, Metro Hall, 11th Floor
Toronto, Ontario, M5V 3C6

Long-Term Care Home/Foyer de soins de longue durée
Cummer Lodge
205 Cummer Avenue
North York, ON M2M 2E8

Name of Inspector(s)/Nom de l'inspecteur(s)
Jane Carruthers (#113), Rosemary Lam (#132), Cathy Palmer (#152), Tiina Tralman (#162)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspectors spoke with: The Administrator; Environmental Service Manager; housekeeping staff; Food Service Manager, Registered Dietitian, food handlers; MDS Coordinators; Director of Care; Personal Support workers and residents.

During the course of the inspection, the Environmental Health Inspector conducted a walk through of the Home. The Dietary and Nurse Inspector visited residents in their rooms and reviewed relevant health records.

The following Inspection Protocols were used in part or in whole during this inspection:
Accommodation Services – Housekeeping Inspection Protocol
Personal Support Services Inspection Protocol
Dining Observation Inspection Protocol
Snack Observation Inspection Protocol
Nutrition and Hydration Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:
4 WN
2 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCHA, 2007 S.O. 2007, c.8,s15(2)(a)

Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary. 2007, c8 s. 15 (2).

Findings:

1. Chairs or stools used by staff to assist Residents in the dining rooms require cleaning as there is dried food and beverage stains on the seats, backs and legs.
2. Dining room chairs require cleaning to eliminate dried food particles on the upholstery and the wooden arms, legs and backs of the chairs need to be cleaned.

Inspector ID #: 113

WN #2: The Licensee has failed to comply with: O. Reg. 79/10 s. 87(2)(a)(ii) As part of the organized program of housekeeping under 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces

Findings:

1. Chairs or stools used by staff to assist Residents in the dining room require cleaning as there is dried food and beverage stains on the seats, backs and legs
2. Dining room chairs require cleaning to eliminate dried food particles on upholstery and the wooden arms, legs and backs of the chairs need to be cleaned.
3. Dining room floors on the second and third floors are sticky and have a build up of dirt.

Inspector ID #: 113

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6 (1). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care does not provide direction for staff with regards to applying poly-grip on dentures for a resident each am.



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 to ensure that plan of care includes specific denture care and application instructions for an identified resident. This plan of correction is to be implemented voluntarily.

Inspector ID #: 132

WN #4: The Licensee has failed to comply with O. Reg. 79/10 s. 37.(2). The licensee shall ensure that each resident receives assistance, if required, to use personal aids.

Findings:

1. A resident did not receive assistance to have hearing aids on for both ears on September 22, 2010. Documentation from Recreation staff on Sept 10, 2010 identified a decrease socialization and activity participation due to "bad hearing".

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 to ensure that staff assists other residents with their personal aids as required. This plan of correction is to be implemented voluntarily.

Inspector ID #: 132

**CORRECTED NON-COMPLIANCE
Non-respects à Corriger**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Unmet criterion O2.3 Program Manual			May 12,13, 2010	#113

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Rosemary Lam</i> <i>Jina Walman</i> <i>Cathy Palmer</i> <i>Jane Caunters</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>September 30, 2010</i>