



**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**

**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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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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
March 10, 2015	2014_370162_0014	T-947-14	Follow up

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON 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 ou des inspecteurs

TIINA TRALMAN (162)

Inspection Summary/Résumé de l'inspection



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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): November 6, 7, 10, 2014.

Director's order CO#001 to O. Reg.79/10 s. 71(5) issued October 31, 2014 as a result of replacing inspector order #001 during inspection # 2014_108110_0007 has now been complied.

During the course of the inspection, the inspector(s) spoke with the administrator, acting assistant administrator, registered dietitians, nutrition managers, social work/counselor, personal support workers, food service workers, family and residents.

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

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

1 WN(s)

1 VPC(s)

0 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. 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 resident's needs and preferences.



Resident #2 was admitted to Cummer Lodge and is identified as of a particular faith and religious. The resident receives an individualized menu with options upon request.

Interview with the resident revealed that receiving specialized foods to reflect his/her spiritual and religious observance is important. Prior to coming to Cummer Lodge, the resident revealed he/she could no longer cook at home, and received frozen specialized meals. The resident recalled being asked for preferences regarding specific food items. The discussion did not include the options and alternatives regarding the resident's needs and preferences for specialized foods.

In accordance with Part II of the Director's Order dated October 31, 2014, the Licensee was required to meet with all of the residents in the home (or SDM if the resident is not capable) who have self-identified that they are of a particular faith to:

- Discuss the resident's specific dietary needs, including specialized meals;
- Discuss the options and alternatives to meet the resident's needs, including their religious needs;
- Confirm with each of the residents (or SDM as applicable) what that resident needs from a dietary perspective.

Interviews with identified nutrition managers (NM) and registered dietitians (RD) revealed that during a specified period of time, identified residents in the home or the substitute decision maker (SDM) who self-identified themselves as of a particular faith were contacted. The NMs asked the residents or the SDM for their input into the following: 1) current dietary requests, 2) offering identified menu options, 3) if they are satisfied with the current dietary interventions and, 4) any changes requested. Interviews with staff confirmed residents and SDMs were asked about current dietary needs and food preferences. The discussion did not include the options and alternatives regarding the resident's needs and preferences for specialized meals.

Interview with an identified registered dietitian (RD) revealed that a discussion was held with resident #2 to review his/her current individualized menu. The RD confirmed that the resident was not asked if he/she wanted specialized meals, "I didn't ask that question. I do know he/she likes to pick from the menu choices and would not like to be restricted. He/she



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never expressed that he/she would want it.” The RD indicated specialized meals would not be able to be provided as the home does not have a special kitchen stating, “I wouldn’t be able to give him/her specialized meals because we don’t cook on premises.” The RD confirmed that the home has not assessed resident #2’s needs and preferences for specialized meals.

Interview with the administrator confirmed that the NM’s met with residents and SDM’s to determine if the resident’s dietary needs were adequately met. If residents or the SDM’s indicated they were not satisfied and wanted specialized meals, the home was prepared to conduct an individual assessment if a resident declared themselves of a particular faith and requested specialized meals at any stage. [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 resident #2's needs and preferences for specialized meals, to be implemented voluntarily.

Issued on this 10th day of March, 2015

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

Original report signed by the inspector.