



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Toronto Service Area Office 55 St. Clair Avenue West, 8th Floor TORONTO, ON, M4V-2Y7

Bureau régional de services de Toronto 55, avenue St. Clair Ouest, 8ième étage TORONTO, ON, M4V-2Y7

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten date 'Sept 7 + 14, 2011' and inspection number '2011_108110_0004'.

Licensee/Titulaire de permis

DRS PAUL AND JOHN REKAI CENTRE 345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

DRS. PAUL AND JOHN REKAI CENTRE 345 SHERBOURNE STREET, TORONTO, ON, M5A-2S3

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

DIANE BROWN (110)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Food Service Manager, Registered Dietitian, Director of Care, Dietary Aides, Personal Support Workers, Resident

During the course of the inspection, the inspector(s) Observed meal service; reviewed an identified residents health record and reviewed home policies and procedure relevant to inspection.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend table with two columns: Legend and Legendé. Lists abbreviations for Written Notification, Voluntary Plan of Correction, Director Referral, Compliance Order, and Work and Activity Order.

<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following subsections:

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

A plan was not identified to address a potential risk to an identified resident's hydration status.[s.26(4)(b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

An identified resident with a change in weight of more than 5 per cent in one month between February 10th, 2011 and March 11th, 2011 was not assessed and actions were not taken.[s.69.1]

WN #3: 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 subsections:

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).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. There is no documentation that an identified resident's initial plan of care for weight loss and preventing weight gain is based on her preference to lose weight.[s.6(2)].
2. Personal Support Workers' plan of care for an identified resident dated January 10th, 2011 identifies skin integrity as a problem with an intervention to maintain fluid intake of at least 2000cc per day. The homes' Registered Dietitian Nutrition Quarterly Summary of January 21st, 2011 states to encourage the same identified resident to meet minimum of 1500ml fluid.[s.6(4)(a)(b)].
3. An identified resident's plan of care was not followed at lunch September 7th, 2011[s.6(7)].

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

LTCHA S.O. 2007, c. 8, s. 11. (1)(b) requires the licensee to have an organized program of hydration to meet the hydration needs of residents. On February 10th, 2011 the registered staff did not comply with the home's policy "Hydration and Monitoring VII-10.08" to determine if an identified resident exhibits signs and symptoms of dehydration when this resident's fluid intake showed an undesirable intake trend and gaps over a 72-hour period. [s.8(1)(b)].

Issued on this 27th day of September, 2011

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



