



**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 11, 2013	2013_106162_0002	T-2137-12	Complaint

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

TIINA TRALMAN (162), CATHERINE PALMER (152)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 5, 2013

During the course of the inspection, the inspector(s) spoke with Acting Director of Care, Registered Staff, Registered Dietitian, Food Service Manager.

During the course of the inspection, the inspector(s) Reviewed resident's health record, observed meal service, conducted interviews with staff and reviewed relevant home policies and procedures.

**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

<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. (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 :



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1. The care set out in the plan of care for resident #1 was not provided as specified in the plan. Bloodwork was not completed as specified in the Physician's order.

•Upon admission, June 4, 2012, resident's Physician ordered Hemoglobin A1c (HbA1c) to be completed every three months. HbA1c was completed in June 2012, but not in September 2012 as per resident's plan of care.

•On November 7, 2012 the Physician ordered for the resident to have fasting blood glucose completed monthly. The fasting blood glucose was not completed in January 2013 as per resident's plan of care. [s. 6. (7)]

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 required bloodwork is completed in accordance with the plan of care for resident #1, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

13. Nutritional status, including height, weight and any risks relating to nutrition care. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. Resident #1's plan of care was not based on an interdisciplinary assessment regarding the resident's nutritional status and significant weight loss identified October 1, 2012.

- Resident lost 9.67% body weight between September 2, 2012 and October 1, 2012.
 - A nursing progress note of October 21, 2012 indicated that the resident's spouse and daughter came to visit and were concerned that the resident lost weight.
 - An interview was conducted on February 5, 2013 with the registered staff member who wrote the progress note of October 21, 2012. The Registered Staff member confirmed that the concern shared by the resident regarding weight loss was not communicated to the Physician and Registered Dietitian.
 - On February 5, 2013, the Registered Dietitian and Food Service Manager confirmed through an interview that a referral was not received from the nursing department regarding resident's documented weight loss between September 2, 2012 and October 1, 2012 of 7.3kg.
 - An assessment by the Physician and Registered Dietitian was completed related to the resident's weight loss and nutritional status on October 30, 2012 and October 31, 2012 respectively. [s. 26. (3) 13.]
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Issued on this 11th day of February, 2013

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

June Halman

Cathy Palmer