



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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Direction de l'amélioration 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
Nov 1, 2013	2013_108110_0015	T-244-13	Complaint

Licensee/Titulaire de permis

Rose of Sharon (Ontario) Retirement Community
165 Vaughan Road, TORONTO, ON, M6C-2L9

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

Rose of Sharon Korean Long Term Care
17 Maplewood Avenue, TORONTO, ON, 000-000

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

DIANE BROWN (110), JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 21, 22, 23, 26, 27, 30, September 5th, 6th, 9th and 10th, 2013

During the course of the inspection, the inspector(s) spoke with administrator, nurse manager, program manager, nurse consultant, registered staff, food service manager, registered dietitian, personal support workers, cooks, dietary aides, Family Council's member, residents, and resident's family

During the course of the inspection, the inspector(s) Observed food production, meal service, snack service, reviewed resident health records, menu, resident council meeting minutes, relevant policies and procedures and observed provision of care.

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management**

Dignity, Choice and Privacy

Falls Prevention

Food Quality

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

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 :



The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Resident #3 was observed to receive regular and minced foods on 3 separate occasions over the course of the inspection. Resident #3's plan of care states resident requires a pureed diet.

Resident #1 was observed to be served a regular textured snack. Resident #1's plan of care states that resident requires a pureed diet. A staff interview revealed that resident does not like pureed cookies in milk and prefers soft cookies.

Resident's #2, #4, #5 and #6 did not receive nutrition interventions identified in their 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 nutritional care set out in Resident #1, #2,#3, #4,#5 and #6 plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :

The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

On an identified date, the administrator was informed by a family member that the home was too cold. On an identified date the administrator informed the resident's family that the home's central air temperature system was 21 degrees Celsius.

On an identified date, the administrator was informed by a resident's family member that the bedroom's temperature has been consistently around 21 to 22 degrees Celsius at nights. The administrator contacted the resident's family informing that the resident's room temperature is set-up to be 21 to 24 degrees Celsius.

The administrator's interview confirmed that the home's temperature was kept between 21 and 24 degrees Celsius. [s. 21.]



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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 that all resident areas of the home are maintained at a minimum temperature of 22 degrees Celsius, to be implemented voluntarily.

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. (2) The licensee shall ensure that each menu, (a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and O. Reg. 79/10, s. 71 (2).

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 :



The licensee was unable to confirm that the Korean menu provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs). An interview with food service manager revealed that a nutrient analysis for the current menu was not available on-site when requested during the inspection. An interview with the homes' registered dietitian revealed that he did not review the homes current menu for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs). [s. 71. (2) (a)]

The licensee failed to ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. Rose of Sharon is a cultural home with 95% of residents Korean. The homes 3 week snack menu consists of Western foods with no Korean food choices. Front line staff and resident interviews revealed that residents would prefer Korean food choices at snack times. The Resident Council meeting minutes of July 18, 2013 identified a resident request for a Korean food to be served as a snack once a week. The food service department was unable to provide for this request at that time. An interview with the food service manager revealed that she was aware of the need to develop a Korean based snack menu. [s. 71. (5)]

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 home's current menu cycle provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :



The licensee failed to ensure that standardized recipes, as part of the planned menu, were followed.

Observations of food and food preparation along with staff interviews were conducted on September 5 and 6, 2013. Observations and interviews confirmed that standardized recipes were not followed with ingredients unavailable (no daikon for Korean warm noodle soup), omitted (no fresh yellow onions, or chopped garlic for Korean warm noodle soup and no black beans for the rice and blackbeans dish). A "ready to serve" product was not cooked according to recipe instructions (at 0925h fish cakes were identified in the oven at a temperature of 209 degrees F for lunch meal service. The fish cake recipe directed staff to cook the product for 18 minutes at 450 degree F). The Food Service Manager confirmed that staff should not be preparing food this far in advance of meal service.

Standardized recipes were not prepared as planned altering the flavour, nutrient value and appearance of the planned menu.

The snack menu and afternoon snack pass was observed September 9, 2013. Observations and staff interviews confirmed that only juice was available on the afternoon snack cart. The homes' menu refers to unsweetened drinks –low calorie drink crystals to be offered to residents on diabetic diets. An interview with the food service manager revealed her direction to staff was to serve unsweetened pineapple juice as an unsweetened drink. An interview with the homes' Registered Dietitian revealed that juice including unsweetened pineapple juice should not be served to diabetics and that a diet drink should be offered. The homes' recipes confirm that unsweetened, sugar free drinks should be available and served at the afternoon snack pass. [s. 72. (2) (d)]

2. The alternate lunch menu items prepared on September 5 and 6, 2013 were not modified for minced and pureed textures according to the planned menu and food production sheet. The home's policy #DS-C-05-105 subject- Nutritional Care Therapeutic Diets states-"for lunch only, minced and pureed texture of the alternative choice will be made in the kitchen on request". The Food Service Manager confirmed that staff do not prepare the alternative choice for pureed diets. An interview with the home's registered dietitian revealed that alternative choices should be available for all diet textures at lunch and supper. [s. 72. (2) (d)]



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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 organized food production system in the home includes the preparation of all menu items according to the planned menu, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

The licensee failed to ensure that Resident #6 was bathed, at a minimum, twice a week by the method of his/her choice on over an identified eight week period.

Clinical reviews indicates that Resident #6 was offered one shower per week but the home did not document if Resident #6 had been provided an alternate bath of choice to ensure that he/she was bathed twice a week. [s. 33. (1)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours



Specifically failed to comply with the following:

- s. 53. (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,**
- (a) integrated into the care that is provided to all residents; O. Reg. 79/10, s. 53 (2).**
 - (b) based on the assessed needs of residents with responsive behaviours; and O. Reg. 79/10, s. 53 (2).**
 - (c) co-ordinated and implemented on an interdisciplinary basis. O. Reg. 79/10, s. 53 (2).**

Findings/Faits saillants :

The licensee failed to ensure that Resident #6 who continued to exhibit responsive behaviours was referred to specialized resource as indicated in the home's behavioural support program.

Clinical reviews over an identified period indicated that Resident #6 was resisting care. Clinical review also indicated that staff used a behavioural assessment tool and specific interventions for Resident #6. In addition, the staff received in-service training for challenging behaviours. However, Resident #6 continues to exhibit consistent responsive behaviours even after specific interventions were implemented in the plan of care.

The home's policy "Management of Residents Exhibiting Responsive Behaviours" indicates that if behaviours continue after the implementation of interventions, the matters should be review and refer to specialized resources. However, Resident #6 was not referred to the Behaviour Support Outreach Team in a timely manner.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

- s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).**

Findings/Faits saillants :



The licensee failed to post the 2012 Public Inspection Report in an easily accessible location that complies with the requirements.

The inspection report for 2012 was posted in the nursing station. [s. 79. (1)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information

Specifically failed to comply with the following:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act. O. Reg. 79/10, s. 225 (1).

2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act. O. Reg. 79/10, s. 225 (1).

3. The most recent audited report provided for in clause 243 (1) (a). O. Reg. 79/10, s. 225 (1).

4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 225 (1).

5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

s. 225. (2) The licensee shall ensure that the information referred to in clauses 79 (3) (a), (e), (f), (h), (i) and (j) of the Act, as well as the fundamental principle set out in section 1 of the Act and the telephone number referred to in paragraph 4 of subsection (1), is posted in print with a font size of at least 16. O. Reg. 79/10, s. 225 (2).

Findings/Faits saillants :



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The licensee failed to ensure that the most recent audited report was posted in an easily accessible location that complies with the requirements.

An interview with the administrator indicated that she was not aware that the audited report needs to be posted. The audited report copies for 2011 were not posted in the home. [s. 225. (1) 3.]

Issued on this 1st day of November, 2013

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