



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 1, 2016	2016_321501_0004	000122-16	Complaint

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - RICHMOND HILL
170 Red Maple Road RICHMOND HILL ON L4B 4T8

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

SUSAN SEMEREDY (501)

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): February 1, 3 and 4, 2016.

This is a follow up to a complaint inspection #2014_321501_0022 conducted November 24, 2014, regarding Residents' Bill of Rights and plan of care related to foods related to religious observance not being offered to residents of an identified faith.

Please note that some residents identified in inspection #2014_321501_0022 are also identified in this inspection as follows:

Resident #001 remains resident #001 in this inspection.

Resident #002 remains resident #002 in this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Director of Resident Programs (DRP), Food Services Director (FSD), Registered Dietitian (RD), Resident Assessment Instrument (RAI) Coordinator, Substitute Decision Makers (SDMs) and residents.

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

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

3 WN(s)

0 VPC(s)

3 CO(s)

3 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. 3. Residents' Bill of Rights
Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident's right to be properly fed and



cared for in a manner consistent with his or her needs was fully respected and promoted. Resident #001, 002, 006, 007, 008, 010, 012, 016, 018, 019, and 020's spiritual and religious need for foods related to religious observance was not fully respected and promoted.

The home was previously found to be in noncompliance with LTCHA, 2007 s.3.(1)(4) regarding resident #001 and 002's right to be properly fed and cared for in a manner consistent with his or her needs during inspection #2014_321501_0022 in November 2014, at which time a written notification and a voluntary plan of correction was issued.

Interview with the Executive Director (ED) and Director of Care (DOC) revealed the home had not made any plans or attempts to fully respect and promote resident #001 and 002's spiritual and religious need for food related to religious observance since the last inspection.

During this inspection residents #001 and 002 were found to still need food related to religious observance. A total of eleven out of twenty residents of an identified faith that were interviewed revealed a need for food related to religious observance and seven of these residents were nutritionally compromised. Therefore, due to severity, scope and previous history a compliance order is warranted. A Director referral has been made.

Resident #001 was admitted to the home on a specified date, and was identified as being of an identified faith. Interview with the Executive Director (ED) and Director of Care (DOC) confirmed the home had not spoken to resident #001 regarding the need for foods related to religious observance since the last inspection in November 2014.

Record review revealed resident #001 was hospitalized in February 2015, and returned with an order for a diet specific to his/her religious observance. This diet order was quickly changed by the Registered Dietitian (RD) stating in the progress notes that prior to hospital admission, the resident received a regular diet and this diet would again be implemented. Interview with the RD revealed he/she did not have a conversation with the resident regarding foods specific to religious observance as he/she cannot suggest a diet that the home does not offer. The RD confirmed he/she was aware resident #001 ate foods specific to religious observance prior to coming to the home and this identified food was part of his/her religious observance.

Interview with resident #001 revealed specific food was part of his/her religious observance and he/she had eaten this food most of his/her life. Resident #001 indicated



he/she believed he/she would eat better if the food at this home was specific to his/her religious observance and had enjoyed the meals while in the hospital. Resident #001 told the inspector that he/she wanted the food that was related to his/her religion. [s. 3. (1) 4.]

2. Resident #002 was admitted to the home on a specified date, and was identified as being of an identified faith. Interview with the ED and DOC confirmed the home had not spoken to resident #002 regarding his/her need for food related to religious observance since the last inspection in November 2014.

Interview with the Director of Resident Programs (DRP) described resident #002 as being deeply religious and regularly attending weekly religious services in the home. The DRP revealed that more than any other resident at this home, being of an identified faith was part of resident #002's identity.

Interview with resident #002 revealed the home had not asked him/her about his/her need for food related to religious observance and he/she had not mentioned it because he/she realized the home will not provide food related to religious observance and he/she accepted this because he/she had no choice. Resident #002 further stated that he/she had eaten food related to religious observance all his/her life except when here at this home and during a specified stressful time in his/her life. He/she reiterated from the last inspection that his/her spouse had been very religious and always prepared food related to religious observance during their life together. [s. 3. (1) 4.]

3. Resident #006 was admitted to the home on a specified date, and was identified to be of an identified faith. Interview with the DRP revealed the resident attended weekly religious services in the home. Interview with the resident's SDM described the resident as being "observant" of the identified faith and stated that if he/she knew what he/she was eating, he/she would not be happy. The SDM explained that the resident was not to receive specific food products but that had not stopped the home from serving these food items. Due to the resident's health condition, the resident will eat what is put in front of him/her without realizing it is a specific food item and this is alarming to the SDM. The SDM revealed resident #006 would enjoy eating foods specific to religious observance and it would give the SDM peace of mind that specific food products are not served. [s. 3. (1) 4.]

4. Resident #007 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed resident #007 was religious,



attended weekly religious services some of the time and strongly identified as being of an identified faith. Interview with the resident revealed he/she had w memories when he/she did not receive food related to religious observance. Resident #007 stated he/she would like to have food related to religious observance now if it were available. [s. 3. (1) 4.]

5. Resident #008 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed the resident regularly attended weekly religious services in the home. Interview with the resident revealed he/she ate food related to religious observance prior to coming to the home. He/she revealed the home had never asked him/her if he/she needed food related to religious observance but if they had, he/she would tell them it was needed. [s. 3. (1) 4.]

6. Resident #010 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed the resident attended weekly religious services in the home. Interview with the resident revealed he/she was religious, ate food related to religious observance prior to coming to the home and would want to have these foods now. [s. 3. (1) 4.]

7. Resident #012 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed resident #012 was religious and regularly attended weekly religious services in the home. Interview with the resident's SDM revealed he/she ate food related to religious observance prior to coming to the home. Resident #012's SDM further indicated that often when a family member requires long term care, a place is needed quickly and that puts the family in a position where they cannot "demand too much" especially when it is known that the home does not provide food related to religious observance. The SDM stated food related to religious observance would definitely be a good option for those needing this. [s. 3. (1) 4.]

8. Resident #016 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed religion was important to resident #016 and he/she regularly attended weekly religious services in the home. Interview with the resident revealed he/she ate food related to religious observance prior to coming to the home and needed food related to religious observance. [s. 3. (1) 4.]

9. Resident #018 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed religion was important to resident #018 and he/she regularly attended weekly religious services in the home and actively participated. Interview with the resident revealed he/she needed food related to religious

observance. [s. 3. (1) 4.]

10. Resident #019 was admitted to the home on a specific date. Interview with the resident's SDM revealed the resident was of an identified faith. Interview with the DRP revealed resident #019's religion and culture was important to him/her and he/she sometimes attended weekly religious services in the home. Interview with resident #019 and the SDM revealed the resident did not eat many food items and only had a specific type of meat for dinner. The resident stated he/she would prefer food related to religious observance as at least he/she would be willing to try a specific type of meat that was part of his/her religious observance which would provide more variety to his/her dinners. [s. 3. (1) 4.]

11. Resident #020 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed religion was important to resident #020 and he/she regularly attended weekly religious services in the home. Interview with the resident revealed he/she ate food related to religious observance prior to coming to the home and stated he/she was of an identified faith and needed to eat food related to his/her religious observance. [s. 3. (1) 4.]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

**WN #2: 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 the resident's needs and preferences.

The home was previously found to be in noncompliance with LTCHA, 2007 s.6(2) regarding the home failing to assess resident #001 and 002's need to observe their religion by eating identified food during inspection #2014_321501_0022 in November 2014 at which time a written notification and a voluntary plan of correction was issued.

Interview with the DOC, Registered Dietitian (RD) and Food Services Director (FSD) revealed they were aware resident #001 and 002 had a need for food related to religious observance. Due to this awareness, findings for these residents have been left under O.Reg 79/10, s. 71(5) regarding the home failing to provide an individualized menu to those residents whose spiritual and religious needs could not be met through the home's menu cycle.

During this inspection, nine additional residents were identified to have a need for food related to religious observance. Interview with the DOC, RD, FSD and Resident Assessment Instrument (RAI) Coordinator revealed the home makes it known that it is not a home that provides food related to religious observance and the home only discusses at admission and care conferences a resident's religious and cultural food restrictions. The home offers residents of an identified faith an identified style option. The home does not inquire if foods related to religious observance are important to their religious observance because it is a home that does not provide foods related to religious observance. Interview with the DOC, RD and FSD revealed that offering foods related to religious observance to residents of an identified faith is simply not possible. Interview with the ED and DOC confirmed they have not researched the possibility and have relied solely on the RD's input that offering food related to religious observance is impossible in this home.

Five out of the nine additional residents were found to be at nutritional risk. Therefore due to severity, scope and previous history a compliance order is warranted. A Director referral has been made.

The following residents expressed a need for food related to religious observance as follows:

Resident #006 was identified to be of an identified faith, was admitted to the home on a specified date and attended identified religious services within the home. Review of the diet list revealed he/she received a regular diet with a dislike of certain food products.



Interview with the resident's SDM revealed the resident was not to receive certain products but that had not stopped the home from serving these food items. Due to the resident's health condition, the resident will eat what is put in front of him/her without realizing it is a certain food item and this was alarming to the SDM. The SDM revealed resident #006 would enjoy eating foods related to religious observance and it would give the SDM peace of mind that certain food products are not served. According to the SDM if resident #006 knew what he/she was eating, he/she would not be happy and no one at the home had inquired if he/she needed foods related to religious observance. Interview with the RD revealed he/she was aware resident #006 was of an identified faith but had never assessed if foods related to religious observance were important to him/her. [s. 6. (2)]

2. Resident #007 was identified to be of an identified faith, was admitted to the home on a specified date, and was described as strongly identifying with his/her faith. Review of the resident's initial nutrition assessment, revealed the resident was assessed to have a religious dietary restriction. Review of recent progress notes and interview with the RD revealed resident #007's SDM wanted him/her to have whatever he/she wanted. Interview with resident #007 revealed he/she would want foods related to religious observance and no one at the home had asked him/her if food related to religious observance was a need. [s. 6. (2)]

3. Resident #008 was identified to be of an identified faith, was admitted to the home on a specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received a regular, texture modified diet with a specified food restriction. Record review revealed the resident was at nutritional risk due to low body weight as evidenced by a low body mass index, altered skin integrity and a dislike of nutritional interventions. Interview with the RD revealed foods related to religious observance had not been something the family had wanted. Interview with resident #008 revealed the home had never asked him/her if he/she needed food related to religious observance but if they had, he/she would tell them it was needed. [s. 6. (2)]

4. Resident #010 was identified to be of an identified faith, was admitted to the home on a specified date, and attended weekly religious services within the home. Review of the diet list revealed the resident received an identified therapeutic, textured modified diet with an identified food restriction. Record review revealed the resident was at nutritional risk due to various health conditions. Interview with the RD revealed he/she was aware resident #010 was of an identified faith but there had been no indication from the family that foods related to religious observance would make a difference. Interview with the



resident revealed he/she needed to have foods related to religious observance and was under the impression he/she had told someone at the home of that need. [s. 6. (2)]

5. Resident #012 was identified to be of an identified faith, was admitted to the home on a specific date and regularly attended religious services within the home. Review of the diet list revealed the resident received an identified therapeutic, texture modified diet with thickened fluids. The diet list also indicated an intervention of a specific food restriction and a list of dislikes which included identified foods. Record review revealed resident #012 was at high nutritional risk related to identified health conditions. Interview with the RD revealed he/she was aware resident #012 was of an identified faith but the SDM had indicated to let the resident eat whatever he/she wanted. Interview with the same SDM revealed he/she knew it was not a home that offered foods related to religious observance on admission, did not want to demand too much and indicated foods related to religious observance for residents of an identified faith at this home would be a good option. [s. 6. (2)]

6. Resident #016 was identified to be of an identified faith, was admitted to the home on specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received a regular, texture modified diet with an identified food restriction. Record review revealed resident #016 was at high nutritional risk related to identified health conditions. Interview with the RD revealed he/she was aware resident #016 was of an identified faith and had not assessed whether foods related to religious observance was a need because it had never been voiced. Interview with the resident revealed he/she would like to receive food related to religious observance at this time. [s. 6. (2)]

7. Resident #018 was identified to be of an identified faith, was admitted to the home on a specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received an identified therapeutic diet with an identified food restriction. Interview with the RD revealed he/she was aware resident #018 was of an identified faith but had not assessed whether food related to religious observance was a need for this resident. Even though resident #018 was not able to communicate directly with the inspector, an interpreter was used and it was identified the resident had a need for food related to religious observance. [s. 6. (2)]

8. Resident #019 was identified to be of an identified faith, was admitted to the home on a specified date, and attended religious services within the home. Review of the diet list revealed the resident received a regular diet, with an instruction to provide a specific type



of food at dinner if meat was on the menu. Record review revealed resident #018 was at high nutritional risk related to various health conditions. Interview with the resident and the resident's SDM revealed resident #019 did not eat an identified type of meat and was only served another identified meat for dinner. The resident confirmed he/she would definitely try an identified meat if it was included in foods related to religious observance. Interview with the RD revealed he/she was not aware resident #019 was at nutritional risk and it is news to him/her that resident #019 might try foods related to religious observance as an alternate meat option. [s. 6. (2)]

9. Resident #020 was identified to be of an identified faith, was admitted to the home on a specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received a an identified therapeutic diet. Interview with the RD revealed that any type of diet restriction would not go well for resident #020 as he/she eats what he/she wants. The RD was aware resident #020 was of an identified faith but was not aware of his/her need for food related to religious observance as it had never been voiced. Interview with resident #020 revealed he/she was of an identified faith and needed food related to religious observance. [s. 6. (2)]

Additional Required Actions:

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 002 – The above written notification is also being referred to the Director for further action by the Director.***

**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. (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 :

1. The licensee has failed to ensure that an individualized menu was developed for resident #001 and 002 whose religious and spiritual needs could not be met through the home's menu cycle.



The home was found to be in noncompliance with LTCHA, 2007 s.6(2) regarding the home failing to assess resident #001 and 002's need to observe their religion by eating foods related to religious observance during inspection #2014_321501_0022 in November 2014, at which time a written notification and a voluntary plan of correction was issued. A Director referral has been made.

Interview with the DOC, RD and Food Services Director (FSD) revealed they were aware resident #001 and 002 had a need for foods related to religious observance. Due to this awareness, findings for these residents are being left under O.Reg 79/10, s. 71(5) regarding the home failing to provide an individualized menu to those residents whose spiritual and religious needs could not be met through the home's menu cycle.

Both resident #001 and 002 were at nutritional risk and due to previous history, a compliance order is warranted.

Resident #001 was identified as being of an identified faith and was admitted to the home on a specified date. Review of the diet list revealed the resident received a regular diet with identified food restrictions. Interview with the Executive Director (ED) and Director of Care (DOC) confirmed the home had not spoken to resident #001 regarding his/her need for food related to religious observance since the last inspection in November 2014.

Record review revealed resident #001 was at nutritional risk related to multiple food preferences and food restrictions due to religion, varied intakes and refusal of meals, and a history of unplanned weight loss. Interview with the RD revealed the resident was nutritionally compromised based on refusal of meals, snacks and supplements and weight loss.

Record review revealed resident #001 was hospitalized on a specified date, and returned with an order for a food related to religious observance. This diet order was quickly changed by the RD stating in the progress notes that prior to hospital admission, the resident received a regular diet and this diet would again be implemented. Interview with the RD revealed he/she did not have a conversation with the resident regarding food related to religious observance as he/she cannot suggest a diet that the home does not offer. The RD confirmed he/she was aware resident #001 ate food related to religious observance prior to coming to the home.

Interview with resident #001 revealed food related to religious observance was part of

his/her religious observance and he/she had eaten this identified type of food most of his/her life. The resident indicated he/she believed he/she would eat better if the food at this home was food related to religious observance and had enjoyed the food related to religious observance while in the hospital. Resident #001 told the inspector that he/she wanted the food that was related to his/her religion.

Interview with the RD revealed he/she was aware resident #001 followed a diet related to religious observance prior to coming to the home and he/she had explained to the resident that the home was not a home that offered food related to religious observance. The RD stated he/she offered the resident an identified style of diet which included identified food restrictions. The RD admitted a diet related to religious observance might be feasible for resident #001 but it is not one of the diets the home offers. [s. 71. (5)]

2. Resident #002 was identified as being of an identified faith and was admitted to the home on a specified date. Review of the diet list revealed the resident received an identified therapeutic diet, with identified food restrictions. Interview with the ED and DOC confirmed the home had not spoken to resident #002 regarding his/her need for food related to religious observance since the last inspection in November 2014.

Interview with the Director of Resident Programs (DRP) described resident #002 as being deeply religious and regularly attending weekly religious services in the home. The DRP revealed that more than any other resident at this home, being of an identified faith was part of resident #002's identity.

Record review revealed resident #002 was at nutritional risk related to varied intake at meals and altered skin integrity. Interview with the RD revealed the resident had varied intakes and disliked supplements but did take identified snacks. The RD stated he/she had not assessed whether food related to religious observance would be feasible to help resident #002's intake.

Interview with resident #002 revealed the home had not asked him/her about his/her need for food related to religious observance and he/she had not mentioned it because he/she realized the home will not provide such food and he/she accepted this because he/she had no choice. Resident #002 further stated that he/she had eaten food related to religious observance all his/her life except when here at this home and during a specified stressful time in his/her life. He/she reiterated from the last inspection, that his/her spouse was very religious and always prepared food related to religious observance during their life together.



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Interview with the ED and DOC confirmed the home has not provided an individualized menu for resident #001 and 002 whose religious and spiritual needs could not be met through the home's menu cycle. The ED stated the home did not have the amenities for providing food related to religious observance and that support services from head office were aware of the situation. [s. 71. (5)]

Additional Required Actions:

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 003 – The above written notification is also being referred to the Director for further action by the Director.***

Issued on this 5th day of May, 2016

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

Original report signed by the inspector.



**Ministry of Health and
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**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de sions de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SUSAN SEMEREDY (501)

Inspection No. /

No de l'inspection : 2016_321501_0004

Log No. /

Registre no: 000122-16

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Apr 1, 2016

Licensee /

Titulaire de permis : 2063414 ONTARIO LIMITED AS GENERAL PARTNER
OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200, TORONTO, ON,
L3R-0E8

LTC Home /

Foyer de SLD :

LEISUREWORLD CAREGIVING CENTRE -
RICHMOND HILL
170 Red Maple Road, RICHMOND HILL, ON, L4B-4T8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Dwayne Green



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

To 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414
INVESTMENT LP, you are hereby required to comply with the following order(s) by
the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
- iv. staff members,
- v. government officials,
- vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall ensure that residents who have self-identified that they are of an identified faith, are afforded the opportunity to discuss their religious dietary needs during admission, care conferences and quarterly reviews and will be referred to and assessed by a registered dietitian when their needs cannot be met through the home's menu cycle.

The licensee shall then develop and implement identified acceptable religious dietary options and alternatives, including foods related to religious observance, which is consistent with the residents' needs at no charge.

Grounds / Motifs :

1. The licensee has failed to ensure that every resident's right to be properly fed and cared for in a manner consistent with his or her needs was fully respected and promoted. Resident #001, 002, 006, 007, 008, 010, 012, 016, 018, 019, and 020's spiritual and religious need for foods related to religious observance was not fully respected and promoted.

The home was previously found to be in noncompliance with LTCHA, 2007 s.3. (1)(4) regarding resident #001 and 002's right to be properly fed and cared for in a manner consistent with his or her needs during inspection #2014_321501_0022 in November 2014, at which time a written notification and a voluntary plan of correction was issued.

Interview with the Executive Director (ED) and Director of Care (DOC) revealed

the home had not made any plans or attempts to fully respect and promote resident #001 and 002's spiritual and religious need for food related to religious observance since the last inspection.

During this inspection residents #001 and 002 were found to still need food related to religious observance. A total of eleven out of twenty residents of an identified faith that were interviewed revealed a need for food related to religious observance and seven of these residents were nutritionally compromised. Therefore, due to severity, scope and previous history a compliance order is warranted. A Director referral has been made.

Resident #001 was admitted to the home on a specified date, and was identified as being of an identified faith. Interview with the Executive Director (ED) and Director of Care (DOC) confirmed the home had not spoken to resident #001 regarding the need for foods related to religious observance since the last inspection in November 2014.

Record review revealed resident #001 was hospitalized in February 2015, and returned with an order for a diet specific to his/her religious observance. This diet order was quickly changed by the Registered Dietitian (RD) stating in the progress notes that prior to hospital admission, the resident received a regular diet and this diet would again be implemented. Interview with the RD revealed he/she did not have a conversation with the resident regarding foods specific to religious observance as he/she cannot suggest a diet that the home does not offer. The RD confirmed he/she was aware resident #001 ate foods specific to religious observance prior to coming to the home and this identified food was part of his/her religious observance.

Interview with resident #001 revealed specific food was part of his/her religious observance and he/she had eaten this food most of his/her life. Resident #001 indicated he/she believed he/she would eat better if the food at this home was specific to his/her religious observance and had enjoyed the meals while in the hospital. Resident #001 told the inspector that he/she wanted the food that was related to his/her religion. [s. 3. (1) 4.]

2. Resident #002 was admitted to the home on a specified date, and was identified as being of an identified faith. Interview with the ED and DOC confirmed the home had not spoken to resident #002 regarding his/her need for food related to religious observance since the last inspection in November 2014.

Interview with the Director of Resident Programs (DRP) described resident #002 as being deeply religious and regularly attending weekly religious services in the home. The DRP revealed that more than any other resident at this home, being of an identified faith was part of resident #002's identity.

Interview with resident #002 revealed the home had not asked him/her about his/her need for food related to religious observance and he/she had not mentioned it because he/she realized the home will not provide food related to religious observance and he/she accepted this because he/she had no choice. Resident #002 further stated that he/she had eaten food related to religious observance all his/her life except when here at this home and during a specified stressful time in his/her life. He/she reiterated from the last inspection that his/her spouse had been very religious and always prepared food related to religious observance during their life together. [s. 3. (1) 4.]

3. Resident #006 was admitted to the home on a specified date, and was identified to be of an identified faith. Interview with the DRP revealed the resident attended weekly religious services in the home. Interview with the resident's SDM described the resident as being "observant" of the identified faith and stated that if he/she knew what he/she was eating, he/she would not be happy. The SDM explained that the resident was not to receive specific food products but that had not stopped the home from serving these food items. Due to the resident's health condition, the resident will eat what is put in front of him/her without realizing it is a specific food item and this is alarming to the SDM. The SDM revealed resident #006 would enjoy eating foods specific to religious observance and it would give the SDM peace of mind that specific food products are not served. [s. 3. (1) 4.]

4. Resident #007 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed resident #007 was religious, attended weekly religious services some of the time and strongly identified as being of an identified faith. Interview with the resident revealed he/she had memories when he/she did not receive food related to religious observance. Resident #007 stated he/she would like to have food related to religious observance now if it were available. [s. 3. (1) 4.]

5. Resident #008 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed the

resident regularly attended weekly religious services in the home. Interview with the resident revealed he/she ate food related to religious observance prior to coming to the home. He/she revealed the home had never asked him/her if he/she needed food related to religious observance but if they had, he/she would tell them it was needed. [s. 3. (1) 4.]

6. Resident #010 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed the resident attended weekly religious services in the home. Interview with the resident revealed he/she was religious, ate food related to religious observance prior to coming to the home and would want to have these foods now. [s. 3. (1) 4.]

7. Resident #012 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed resident #012 was religious and regularly attended weekly religious services in the home. Interview with the resident's SDM revealed he/she ate food related to religious observance prior to coming to the home. Resident #012's SDM further indicated that often when a family member requires long term care, a place is needed quickly and that puts the family in a position where they cannot "demand too much" especially when it is known that the home does not provide food related to religious observance. The SDM stated food related to religious observance would definitely be a good option for those needing this. [s. 3. (1) 4.]

8. Resident #016 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed religion was important to resident #016 and he/she regularly attended weekly religious services in the home. Interview with the resident revealed he/she ate food related to religious observance prior to coming to the home and needed food related to religious observance. [s. 3. (1) 4.]

9. Resident #018 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed religion was important to resident #018 and he/she regularly attended weekly religious services in the home and actively participated. Interview with the resident revealed he/she needed food related to religious observance. [s. 3. (1) 4.]

10. Resident #019 was admitted to the home on a specific date. Interview with the resident's SDM revealed the resident was of an identified faith. Interview with



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

the DRP revealed resident #019's religion and culture was important to him/her and he/she sometimes attended weekly religious services in the home. Interview with resident #019 and the SDM revealed the resident did not eat many food items and only had a specific type of meat for dinner. The resident stated he/she would prefer food related to religious observance as at least he/she would be willing to try a specific type of meat that was part of his/her religious observance which would provide more variety to his/her dinners. [s. 3. (1) 4.]

11. Resident #020 was admitted to the home on a specific date, and was identified to be of an identified faith. Interview with the DRP revealed religion was important to resident #020 and he/she regularly attended weekly religious services in the home. Interview with the resident revealed he/she ate food related to religious observance prior to coming to the home and stated he/she was of an identified faith and needed to eat food related to his/her religious observance. [s. 3. (1) 4.]

(501)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 13, 2016

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

During admission and at any other time the resident's nutritional status becomes compromised, the registered dietitian or designate shall assess the resident by meeting with the resident, or SDM if the resident is not capable, who have self-identified that they are of an identified faith and shall discuss the resident's specific dietary needs, including foods related to religious observance.

The licensee shall then implement identified acceptable religious needs, including food related to religious observance, at no charge.

Grounds / Motifs :

1. The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences.

The home was previously found to be in noncompliance with LTCHA, 2007 s.6(2) regarding the home failing to assess resident #001 and 002's need to observe their religion by eating identified food during inspection #2014_321501_0022 in November 2014 at which time a written notification and a voluntary plan of correction was issued.

Interview with the DOC, Registered Dietitian (RD) and Food Services Director (FSD) revealed they were aware resident #001 and 002 had a need for food related to religious observance. Due to this awareness, findings for these residents have been left under O.Reg 79/10, s. 71(5) regarding the home failing to provide an individualized menu to those residents whose spiritual and religious needs could not be met through the home's menu cycle.

During this inspection, nine additional residents were identified to have a need

for food related to religious observance. Interview with the DOC, RD, FSD and Resident Assessment Instrument (RAI) Coordinator revealed the home makes it known that it is not a home that provides food related to religious observance and the home only discusses at admission and care conferences a resident's religious and cultural food restrictions. The home offers residents of an identified faith an identified style option. The home does not inquire if foods related to religious observance are important to their religious observance because it is a home that does not provide foods related to religious observance. Interview with the DOC, RD and FSD revealed that offering foods related to religious observance to residents of an identified faith is simply not possible. Interview with the ED and DOC confirmed they have not researched the possibility and have relied solely on the RD's input that offering food related to religious observance is impossible in this home.

Five out of the nine additional residents were found to be at nutritional risk. Therefore due to severity, scope and previous history a compliance order is warranted. A Director referral has been made.

The following residents expressed a need for food related to religious observance as follows:

Resident #006 was identified to be of an identified faith, was admitted to the home on a specified date and attended identified religious services within the home. Review of the diet list revealed he/she received a regular diet with a dislike of certain food products. Interview with the resident's SDM revealed the resident was not to receive certain products but that had not stopped the home from serving these food items. Due to the resident's health condition, the resident will eat what is put in front of him/her without realizing it is a certain food item and this was alarming to the SDM. The SDM revealed resident #006 would enjoy eating foods related to religious observance and it would give the SDM peace of mind that certain food products are not served. According to the SDM if resident #006 knew what he/she was eating, he/she would not be happy and no one at the home had inquired if he/she needed foods related to religious observance. Interview with the RD revealed he/she was aware resident #006 was of an identified faith but had never assessed if foods related to religious observance were important to him/her. [s. 6. (2)]

2. Resident #007 was identified to be of an identified faith, was admitted to the home on a specified date, and was described as strongly identifying with his/her

faith. Review of the resident's initial nutrition assessment, revealed the resident was assessed to have a religious dietary restriction. Review of recent progress notes and interview with the RD revealed resident #007's SDM wanted him/her to have whatever he/she wanted. Interview with resident #007 revealed he/she would want foods related to religious observance and no one at the home had asked him/her if food related to religious observance was a need. [s. 6. (2)]

3. Resident #008 was identified to be of an identified faith, was admitted to the home on a specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received a regular, texture modified diet with a specified food restriction. Record review revealed the resident was at nutritional risk due to low body weight as evidenced by a low body mass index, altered skin integrity and a dislike of nutritional interventions. Interview with the RD revealed foods related to religious observance had not been something the family had wanted. Interview with resident #008 revealed the home had never asked him/her if he/she needed food related to religious observance but if they had, he/she would tell them it was needed. [s. 6. (2)]

4. Resident #010 was identified to be of an identified faith, was admitted to the home on a specified date, and attended weekly religious services within the home. Review of the diet list revealed the resident received an identified therapeutic, textured modified diet with an identified food restriction. Record review revealed the resident was at nutritional risk due to various health conditions. Interview with the RD revealed he/she was aware resident #010 was of an identified faith but there had been no indication from the family that foods related to religious observance would make a difference. Interview with the resident revealed he/she needed to have foods related to religious observance and was under the impression he/she had told someone at the home of that need. [s. 6. (2)]

5. Resident #012 was identified to be of an identified faith, was admitted to the home on a specific date and regularly attended religious services within the home. Review of the diet list revealed the resident received an identified therapeutic, texture modified diet with thickened fluids. The diet list also indicated an intervention of a specific food restriction and a list of dislikes which included identified foods. Record review revealed resident #012 was at high nutritional risk related to identified health conditions. Interview with the RD revealed he/she was aware resident #012 was of an identified faith but the SDM had indicated to let the resident eat whatever he/she wanted. Interview with the

same SDM revealed he/she knew it was not a home that offered foods related to religious observance on admission, did not want to demand too much and indicated foods related to religious observance for residents of an identified faith at this home would be a good option. [s. 6. (2)]

6. Resident #016 was identified to be of an identified faith, was admitted to the home on specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received a regular, texture modified diet with an identified food restriction. Record review revealed resident #016 was at high nutritional risk related to identified health conditions. Interview with the RD revealed he/she was aware resident #016 was of an identified faith and had not assessed whether foods related to religious observance was a need because it had never been voiced. Interview with the resident revealed he/she would like to receive food related to religious observance at this time. [s. 6. (2)]

7. Resident #018 was identified to be of an identified faith, was admitted to the home on a specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received an identified therapeutic diet with an identified food restriction. Interview with the RD revealed he/she was aware resident #018 was of an identified faith but had not assessed whether food related to religious observance was a need for this resident. Even though resident #018 was not able to communicate directly with the inspector, an interpreter was used and it was identified the resident had a need for food related to religious observance. [s. 6. (2)]

8. Resident #019 was identified to be of an identified faith, was admitted to the home on a specified date, and attended religious services within the home. Review of the diet list revealed the resident received a regular diet, with an instruction to provide a specific type of food at dinner if meat was on the menu. Record review revealed resident #018 was at high nutritional risk related to various health conditions. Interview with the resident and the resident's SDM revealed resident #019 did not eat an identified type of meat and was only served another identified meat for dinner. The resident confirmed he/she would definitely try an identified meat if it was included in foods related to religious observance. Interview with the RD revealed he/she was not aware resident #019 was at nutritional risk and it is news to him/her that resident #019 might try foods related to religious observance as an alternate meat option. [s. 6. (2)]

9. Resident #020 was identified to be of an identified faith, was admitted to the



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

home on a specified date, and regularly attended religious services within the home. Review of the diet list revealed the resident received a an identified therapeutic diet. Interview with the RD revealed that any type of diet restriction would not go well for resident #020 as he/she eats what he/she wants. The RD was aware resident #020 was of an identified faith but was not aware of his/her need for food related to religious observance as it had never been voiced. Interview with resident #020 revealed he/she was of an identified faith and needed food related to religious observance. [s. 6. (2)]
(501)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 13, 2016

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall implement an individualized menu that will include kosher foods for those residents of an identified faith, specifically residents #001 and 002 that have been identified to have this need at no charge.

Grounds / Motifs :

1. The licensee has failed to ensure that an individualized menu was developed for resident #001 and 002 whose religious and spiritual needs could not be met through the home's menu cycle.

The home was found to be in noncompliance with LTCHA, 2007 s.6(2) regarding the home failing to assess resident #001 and 002's need to observe their religion by eating foods related to religious observance during inspection #2014_321501_0022 in November 2014, at which time a written notification and a voluntary plan of correction was issued. A Director referral has been made.

Interview with the DOC, RD and Food Services Director (FSD) revealed they were aware resident #001 and 002 had a need for foods related to religious observance. Due to this awareness, findings for these residents are being left under O.Reg 79/10, s. 71(5) regarding the home failing to provide an individualized menu to those residents whose spiritual and religious needs could not be met through the home's menu cycle.

Both resident #001 and 002 were at nutritional risk and due to previous history, a compliance order is warranted.

Resident #001 was identified as being of an identified faith and was admitted to the home on a specified date. Review of the diet list revealed the resident

received a regular diet with identified food restrictions. Interview with the Executive Director (ED) and Director of Care (DOC) confirmed the home had not spoken to resident #001 regarding his/her need for food related to religious observance since the last inspection in November 2014.

Record review revealed resident #001 was at nutritional risk related to multiple food preferences and food restrictions due to religion, varied intakes and refusal of meals, and a history of unplanned weight loss. Interview with the RD revealed the resident was nutritionally compromised based on refusal of meals, snacks and supplements and weight loss.

Record review revealed resident #001 was hospitalized on a specified date, and returned with an order for a food related to religious observance. This diet order was quickly changed by the RD stating in the progress notes that prior to hospital admission, the resident received a regular diet and this diet would again be implemented. Interview with the RD revealed he/she did not have a conversation with the resident regarding food related to religious observance as he/she cannot suggest a diet that the home does not offer. The RD confirmed he/she was aware resident #001 ate food related to religious observance prior to coming to the home.

Interview with resident #001 revealed food related to religious observance was part of his/her religious observance and he/she had eaten this identified type of food most of his/her life. The resident indicated he/she believed he/she would eat better if the food at this home was food related to religious observance and had enjoyed the food related to religious observance while in the hospital. Resident #001 told the inspector that he/she wanted the food that was related to his/her religion.

Interview with the RD revealed he/she was aware resident #001 followed a diet related to religious observance prior to coming to the home and he/she had explained to the resident that the home was not a home that offered food related to religious observance. The RD stated he/she offered the resident an identified style of diet which included identified food restrictions. The RD admitted a diet related to religious observance might be feasible for resident #001 but it is not one of the diets the home offers. [s. 71. (5)]

2. Resident #002 was identified as being of an identified faith and was admitted to the home on a specified date. Review of the diet list revealed the resident



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

received an identified therapeutic diet, with identified food restrictions. Interview with the ED and DOC confirmed the home had not spoken to resident #002 regarding his/her need for food related to religious observance since the last inspection in November 2014.

Interview with the Director of Resident Programs (DRP) described resident #002 as being deeply religious and regularly attending weekly religious services in the home. The DRP revealed that more than any other resident at this home, being of an identified faith was part of resident #002's identity.

Record review revealed resident #002 was at nutritional risk related to varied intake at meals and altered skin integrity. Interview with the RD revealed the resident had varied intakes and disliked supplements but did take identified snacks. The RD stated he/she had not assessed whether food related to religious observance would be feasible to help resident #002's intake.

Interview with resident #002 revealed the home had not asked him/her about his/her need for food related to religious observance and he/she had not mentioned it because he/she realized the home will not provide such food and he/she accepted this because he/she had no choice. Resident #002 further stated that he/she had eaten food related to religious observance all his/her life except when here at this home and during a specified stressful time in his/her life. He/she reiterated from the last inspection, that his/her spouse was very religious and always prepared food related to religious observance during their life together.

Interview with the ED and DOC confirmed the home has not provided an individualized menu for resident #001 and 002 whose religious and spiritual needs could not be met through the home's menu cycle. The ED stated the home did not have the amenities for providing food related to religious observance and that support services from head office were aware of the situation. [s. 71. (5)]

(501)



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

May 13, 2016



**Ministry of Health and
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 1st day of April, 2016

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Susan Semeredy

**Service Area Office /
Bureau régional de services :** Toronto Service Area Office