



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

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

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

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

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 20, 2018	2018_634513_0007	013592-18	Resident Quality Inspection

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**Licensee/Titulaire de permis**

Norwood Nursing Home Limited  
122 Tyndall Avenue TORONTO ON M6K 2E2

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

Norwood Nursing Home  
122 Tyndall Avenue TORONTO ON M6K 2E2

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

JUDITH HART (513), CECILIA FULTON (618), DEREGE GEDA (645)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection.**

**This inspection was conducted on the following date(s): June 18, 19, 20, 21, 22, 25, 26, 27 and 28, 2018.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Care Assistant (PCA), Food Services Manager, Cook, Residents' and Family Council Presidents, Activity Director, Social Worker, MDS/RAI Coordinator, residents and family members.**

**During the course of the inspection, the inspectors conducted observations in home and resident areas, observation of care delivery processes including medication administration, meal delivery services and reviewed residents' health records, Residents' and Family Council minutes.**

**The following Inspection Protocols were used during this inspection:**

**Contenance Care and Bowel Management**

**Dining Observation**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Nutrition and Hydration**

**Personal Support Services**

**Residents' Council**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

Initial dining observations conducted by Inspector #618 and Inspector #513 indicated that



residents receiving therapeutic textures were not offered a choice.

Follow up observations conducted on the second specified date confirmed the previous observations of both Inspectors.

Observations made by Inspector #618 on the second specified date indicated the cook prepared the plates for residents receiving specific therapeutic textures, then directed the serving staff to whom the plates should be served. Residents receiving the therapeutic textures were served first. Observations on the second specified date, by Inspector #513 indicated PSW #110 did not offer a meal choice to five residents. These residents' written plan of care identified they were to receive therapeutic textures. PSW #110 confirmed that these residents had not been offered a choice.

An interview with one of the above identified residents, whose written plan of care identified they were to receive a therapeutic texture, stated they have never been offered an option at meal times and that they eat what they are served. Observation of the resident during dining service on the second specified date confirmed this resident's report. An interview with a second above identified resident, whose written plan of care also identified they were to receive a therapeutic texture stated they were not offered a choice of meal.

An interview with the cook identified they do not provide a choice to residents on specific therapeutic textures and they make the decision of what to serve these residents based on their knowledge of the resident's preferences. The cook stated that once all meals have been served, they will go around and ask residents how they are enjoying the meal and if there are concerns they will offer something else. Inspector #618 observed the cook circulating through the dining area and speaking with residents.

While observing the dining service on the second specified date Inspector #618 asked the DOC to also observe. Following the observation and during interview with the DOC, they confirmed that residents on all diets should be offered a choice at meal times. The DOC informed Inspector's #618 and #513 that they had spoken with some of the PSWs working in the dining areas and those PSWs confirmed that residents on therapeutic textures were not offered a choice. They serve the plates to residents receiving therapeutic textures as directed by the cook.

The DOC confirmed that there was no communication with residents receiving therapeutic textures to inform them of the daily menu choices. [s. 71. (4)]



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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 planned menu items were offered and available at each meal and snack, to be implemented voluntarily.***

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Issued on this 3rd day of August, 2018

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

**Original report signed by the inspector.**