



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 26, 2015	2015_321501_0003	T-1-13	Complaint

Licensee/Titulaire de permis

NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET NORTH YORK ON M2K 1E1

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

SENIORS' HEALTH CENTRE
2 BUCHAN COURT NORTH YORK ON M2J 5A3

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

SUSAN SEMEREDY (501)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): January 27, 29 and 30, 2015.

During the course of the inspection, the inspector(s) spoke with activation coordinator, dietary supervisor, chaplain, residents and substitute decision makers (SDM).

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

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

4 WN(s)

2 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
<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 is fully respected and promoted. Residents #1, #2 and #4's spiritual and religious need for cultural foods was not fully respected and promoted.

Interview with the dietary supervisor at Seniors' Health Centre revealed that for residents with religious or cultural beliefs that affect food/fluid intake, the home makes it clear before admission that cultural food is not possible and residents who have this need may choose to go elsewhere. Furthermore, the dietary supervisor revealed that providing cultural meals is too expensive and should the meal need to be texture modified by the home which often happens, it would no longer be considered cultural.

Resident #1 was admitted to Seniors' Health Centre on a specified date, and was identified as being of a particular faith. Record review revealed that he/she was identified at admission to have a spiritual need for cultural foods. SDM interview revealed that resident #1 ate cultural food all his/her life, has always been religious and because the home does not provide cultural meals, the family feel compelled to provide cultural meats to supplement the diet offered at the home. Interview with the dietary supervisor confirmed that resident #1 only eats cultural meats and the family regularly brings in cultural meats to accommodate this need.

Resident #2 was admitted to Seniors' Health Centre on a specified date, and was identified as being of a particular faith. Interview with the activation coordinator revealed the home was aware of resident #2's need for cultural food upon admission but the resident and family were told the home does not have a cultural kitchen and cannot provide a full cultural menu. Record review and staff interviews revealed that he/she is religious and attends particular faith programs within the home. Resident interview revealed that he/she needs cultural food as it is important to his/her religious beliefs.

Resident #4 was admitted to Seniors' Health Centre and was identified as being of a particular faith. Staff interview revealed resident #4 regularly attends religious programs within the home. Resident interview revealed that he/she grew up in a strict and observant family and observed being of a particular faith. Interview with resident and SDM confirmed resident #4 needs to eat cultural food in order to meet his/her spiritual need. Resident #4 stated he/she is often confused about what to eat as the meal served at the home may contain certain foods at the same meal and he/she would be unaware of this. He/she stated she simply "eats what she can" and the fact that he/she cannot eat cultural foods is the only thing that bothers him/her here at the home. He/she further stated he/she liked it when he/she was at the hospital because they served him/her



cultural food twice a day.

Interview with the administrator confirmed that the home does not currently have a protocol to provide cultural meals to residents of a particular faith who have been identified as having this need. [s. 3. (1) 4.]

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 every resident's right to be properly fed and cared for in a manner consistent with his or her needs is fully respected and promoted, to be implemented voluntarily.

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 resident's needs and preferences.

Resident #2 was identified to be of a particular faith and being religious. Resident interview revealed he/she would prefer to eat cultural food and does not like the food here as it is not what he/she is used to. Record review revealed resident #2 is on a regular no pork/minced diet with multiple supplements and is at high nutritional risk. Interview with resident #2's SDM revealed he/she is very concerned about him/her and states he/she will often bring in cultural chicken soup to try to encourage him/her to eat. Record review and staff interviews revealed the home was aware of resident #2's preference for cultural food upon admission.

Resident #4 was identified to be of a particular faith and being religious. Resident interview revealed he/she would prefer to eat cultural food and feels anxious when served meals at the home as he/she may be unaware he/she is being served certain foods together which would conflict with his/her spiritual need to eat these food items separately. Record review revealed resident #4 is on a regular/minced textured diet with honey thick fluids and a no pork, no milk with meat notation. Record review also revealed that resident #4 has a history of poor intake. SDM interview revealed that resident #4 would probably eat better if he/she were offered cultural food as it would be more to his/her taste and liking because "when you are used to eating a certain way for 97 years then it is hard to get used to anything else".

Staff interviews confirmed that the home has not assessed resident #2 and #4's need and preference for cultural food. [s. 6. (2)]

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 plan of care is based on an assessment of residents #2 and #4's need and preference for cultural food, 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. (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 is developed for residents whose spiritual needs cannot be met through the home's menu cycle.

Resident #1 was identified to be of a particular faith and being religious. On admission it was identified that resident #1 had certain religious beliefs that would affect food/fluid intake as he/she had eaten cultural foods all his/her life. Interview with the SDM confirmed resident #1 observed his/her religion all his/her life and would need to eat cultural foods now in order to meet his/her spiritual need. Record review revealed resident #1 receives a regular (cultural meat only)/minced diet with thickened fluids. Record review and staff interview revealed resident #1 will eat fish, eggs, cheese and yogurt provided by the home. Interview with the SDM revealed that on a weekly basis, the family brings in prepared cultural meats in individual containers which they store at the home in the freezer for times when the home's menu does not offer a protein source that is acceptable. Interview with the dietary supervisor confirmed that the kitchen will take these cultural meats and prepare them when asked to do so by the family or private care giver.

Interview with the dietary supervisor confirmed that an individualized menu has not been developed for resident #1 to accommodate his/her spiritual needs. [s. 71. (5)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 91.
Resident charges



Specifically failed to comply with the following:

s. 91. (4) A licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf. 2007, c. 8, s. 91. (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that it shall not cause or permit anyone to make a charge or accept a payment on the licensee's behalf that the licensee is prohibited from charging for under the legislation.

According to the definitions set out in the Regulation, basic accommodation and preferred accommodation includes dietary services and raw food. Resident #1 paid the co-payment charges for dietary services and raw foods. Cultural food is an eligible expenditure under the raw food and other accommodation envelopes. To the extent that the accommodation fee does not cover the full cost of the food, the licensee can claim the rest of the cost as eligible expenditures through the raw food and other accommodation envelopes pursuant to the Ministry's funding and financial management policies. The LTCHA and Regulation prohibit the licensee from charging a resident for goods and services that a licensee is required to provide to a resident.

Resident #1 is currently living at Seniors' Health Centre, is of a particular faith, observed his/her religion all his/her life, and requires cultural foods as part of his/her religious observance. Seniors' Health Centre does not have a cultural kitchen. SDM and staff interviews confirmed that the family have been bringing in cultural meat from home to supplement some lunch and dinners since a specified date. Interview with the administrator revealed he/she was unaware of this arrangement until it was brought to his/her attention during this inspection. Staff interviews confirmed that the licensee will not order or pay for cultural meals and this information is provided to residents and families prior to admission to the home. [s. 91. (4)]



**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**

Issued on this 26th day of March, 2015

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

Original report signed by the inspector.