

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central East Service Area Office  
33 King Street West, 4th Floor  
OSHAWA ON L1H 1A1  
Telephone: (905) 440-4190  
Facsimile: (905) 440-4111

Bureau régional de services de  
Centre-Est  
33, rue King Ouest, étage 4  
OSHAWA ON L1H 1A1  
Téléphone: (905) 440-4190  
Télécopieur: (905) 440-4111

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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>
Jun 21, 2022	2022_595110_0007	015292-21, 020533- 21, 001076-22, 001581-22	Complaint

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**Licensee/Titulaire de permis**

Shepherd Village Inc.  
3758/3760 Sheppard Avenue East Toronto ON M1T 3K9

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

Shepherd Lodge  
3760 Sheppard Avenue East Toronto ON M1T 3K9

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

DIANE BROWN (110)

**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): March 29, 30, 31, 2022.  
April 1, 2022.**

**The following intakes were inspected during this Complaint inspection.  
Log #015292-21, #020533-21, #001076-22 and #001581-22 related to food and care  
concerns.**

**During the course of the inspection, the inspector(s) spoke with Quality and  
Compliance Manager (QCM), Registered Dietitian (RD), IPAC Manager, Registered  
Practical Nurses (RPN), Personal Support Workers (PSW), Assistant Food Service  
Supervisor (FSS), Dietary Aide, Food and Nutrition Services Manager, Dietary  
Consultant Sodexo, Recreationist, Residents.**

**During the course of the inspection, the inspector(s) toured residents home areas,  
conducted meal service observations, reviewed clinical records, menus, diet lists  
and relevant policies.**

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

**Food Quality**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Personal Support Services**

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 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>Légende</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 O.Reg 79/10, s. 71. Menu planning**

**Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).**

**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 the menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

Meal observations identified the use of posted information sheets in the servery and dining room for restricted potassium and restricted lactose diets. These posted sheets included foods recommended and foods to avoid from an outdated Nutritional Care Manual dated 1989.

Posted diet sheets place the responsibility, at the point of service, on front line staff; PSW or dietary aides, to substitute foods/beverages to be served with suitable choices to meet residents dietary needs for a safe and adequate meal . This approach has not been in compliance with Ontario Regulation 79/10, s. 71. (1)(b), made under the LTCHA since coming into force July 1, 2010. The licensee is required to provide a planned menu for both meals and snacks for those residents on therapeutic diets.

A random audit of resident's with a therapeutic diet order was conducted. Staff interviews and a review of the home's diet spreadsheet confirmed the lack of a corresponding menu cycle for both meals and snacks for 12 residents.

Sources: Mealtime observations, Posted diet sheet from Nutritional Care Manual dated 1989, Resident Diet List, Menu, Interview with Food Service Supervisor. [s. 71. (1) (b)]

2. The licensee has failed to ensure an individualized menu is developed for the resident if their needs cannot be met through the home's menu cycle.

Resident #001 had a strong dislike for the LTC homes' food and reported often being hungry.

An interview with the resident revealed that their dislike for the home's food has been a longstanding issue and shared examples of foods they could eat and would like.

An observation of meal service while reviewing the server's diet list revealed the resident's diet along with likes and preferences listed and direction to staff to provide items when available. An individualized menu was not identified.

An interview with PSWs confirmed the resident seldom ate the food provided and that attempts to provide preferred menu items had been made but an individualized menu was not in place. An interview with a RPN revealed that the resident's lack of accommodation for cultural foods and food preferences was a root problem with the resident's overall dissatisfaction in the home.

An interview with the registered dietitian (RD) confirmed the resident's dislike for the home's food and that nutritional supplements were provided to support them nutritionally as a result of their poor food intake. The RD shared that an individualized menu acknowledging likes and cultural food preferences was not currently in place.

A review of the dietary department policy and procedure revealed the following:

Residents will be provided with a variety of food experiences that meet nutrition requirements, social needs, and individual cultural and religious preferences, in a manner that respects their dignity and promotes a positive eating experience in accordance with the requirements of the LTC Homes Act. If a resident's likes/dislikes/nutritional needs can not be met within the existing menu an individual menu will be created with the choices within the same nutritional parameters used when developing the regular menu. Every effort will be taken to ensure all residents have a menu which meets their individual needs/desires.

Sources: Meal Service Observations, resident interview. Staff interviews with PSWs, RPN, RD, Food Service Supervisor, General Manager for Food Services. Policy Index Number D&HS-11, entitled Meal Service -Resident Meal Service dated January 1, 2022. [s. 71. (5)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The Ministry of Long-Term Care received a complaint that an identified resident had not been showered in several days.

During the inspection the Resident was interviewed. The resident spoke of the associated reason why showering wasn't provided and was unaware if any problem solving into the issue had taken place as they still preferred to be offered a shower.

An interview with full time PSW confirmed they provide the resident with bed baths and not a shower. The staff confirmed it was not the resident's preferred bathing choice and that when a resident does not receive their scheduled shower they report it to the nurse. The PSW also shared how bathing was documented in the Point of Care documentation system, in that the system prompts them to confirm if the resident was bathed and a bed bath was considered bathing. The PSW stated the system does not prompt if the resident received their preferred bathing choice like in this case a shower, just if the resident had been bathed.

The resident's plan of care directed staff to provide the resident with two showers per week in the identified days. A review of progress notes over a 2 month period failed to include any documentation that the resident was being provided bed baths and not showers, contrary to their plan of care.

An interview with a RPN confirmed awareness that the resident was not provided their preferred bathing choice, a shower, and was unsure why the showering issue had not been resolved.

Sources: Progress notes, written plan of care. Staff interviews PSW #001, #002, RPN #003. Resident interview. [s. 33. (1)]

***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 the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

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**Issued on this 12th day of July, 2022**

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

**Original report signed by the inspector.**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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 Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DIANE BROWN (110)

**Inspection No. /**

**No de l'inspection :** 2022\_595110\_0007

**Log No. /**

**No de registre :** 015292-21, 020533-21, 001076-22, 001581-22

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Jun 21, 2022

**Licensee /**

**Titulaire de permis :** Shepherd Village Inc.  
3758/3760 Sheppard Avenue East, Toronto, ON,  
M1T-3K9

**LTC Home /**

**Foyer de SLD :** Shepherd Lodge  
3760 Sheppard Avenue East, Toronto, ON, M1T-3K9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Cathy Fiore

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To Shepherd Village Inc., you are hereby required to comply with the following order (s) by the date(s) set out below:

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

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

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- (d) includes alternative beverage choices at meals and snacks;
- (e) is approved by a registered dietitian who is a member of the staff of the home;
- (f) is reviewed by the Residents' Council for the home; and
- (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 71 (1) (b).

Specifically, the licensee must:

1. Ensure that all residents, as identified in this report, requiring therapeutic diets have menus in place for both meals and snacks.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the menu cycle includes menus for regular, therapeutic and texture modified diets for both meals and snacks.

Meal observations identified the use of posted information sheets in the servery and dining room for restricted potassium diets and restricted lactose diets.

These posted sheets included foods recommended and foods to avoid from an outdated Nutritional Care Manual dated 1989.

Posted diet sheets place the responsibility, at the point of service, on front line staff; PSW or dietary aides to substitute foods/beverages to be served with

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

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

suitable choices to meet residents' therapeutic dietary needs for a safe and adequate meal. This approach has not been in compliance with Ontario Regulation 79/10, s. 71. (1)(b), made under the LTCHA since coming into force July 1, 2010. The licensee is required to provide a planned menu for both meals and snacks for those residents on therapeutic diet.

A random audit of residents with a therapeutic diet order was conducted. Staff interviews and a review of the home's diet spreadsheet confirmed the lack of a corresponding menu cycle for both meals and snacks for 12 residents.

Failing to provide diet therapy by way of a therapeutic menu for those residents requiring dietary intervention can pose a risk and harm to those residents' health and well-being.

Sources: Mealtime observations, Posted diet sheet from Nutritional Care Manual dated 1989, Resident Diet List, Menu, Interview with Food Service Supervisor.

An order was made by taking the following factors into account:

Severity: There was risk of harm to residents not provided with therapeutic diet guided by a planned menu with the possibility of restricted foods being served or foods removed and not substituted.

Scope: The scope of this noncompliance was wide spread as more than three out of three residents requiring therapeutic diets did not have menus in place.

Compliance History: The home has no prior compliance history to this subsection.

(110)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jul 29, 2022

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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 Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
Fax: 416-327-7603

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](http://www.hsarb.on.ca).

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
438, rue University, 8<sup>e</sup> étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 21st day of June, 2022**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Diane Brown

**Service Area Office /**

**Bureau régional de services :** Central East Service Area Office