



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
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Telephone: (416) 325-9660
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5700, rue Yonge, 5e étage
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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection/ Genre d'inspection
Sep 29, 2014;	2014_108110_0007 (A1) (Appeal\Dir#: DR11)	T-443-14	Complaint

Licensee/Titulaire de permis

TORONTO LONG-TERM CARE HOMES AND SERVICES
55 JOHN STREET, METRO HALL, 11th FLOOR, TORONTO, ON, M5V-3C6

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

CUMMER LODGE
205 CUMMER AVENUE, NORTH YORK, ON, M2M-2E8

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



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DIANE BROWN (110) - (A1)(Appeal\Dir#: DR11)

Amended Inspection Summary/Résumé de l'inspection modifié

A Director Review of an inspector's order(s) for the above mentioned LTC home was conducted on Aug. 28, 2014. As a result of this review the following decision have been made:

Inspector's Order CO # 001 has been substituted with a Director Order.

NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's orders. The Director's review was completed on Aug. 28, 2014. Orders were revised to reflect the Director's review. The Director's orders are attached to this report.

Issued on this 29 day of September 2014 (A1)(Appeal\Dir#: DR11)

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



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DIANE BROWN (110) - (A1)(Appeal/Dir# DR11)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): April 4, 8 and 11, 2014.

Inspector Tiina Tralman(#162) participated during this inspection.

During the course of the inspection, the inspector(s) spoke with administrator, acting assistant administrator, registered dietitian, nutrition managers, spiritual/religious care coordinator, social work/counselors, food service workers, family, public guardian and trustee, and residents.

During the course of the inspection, the inspector(s) observed meal service, reviewed resident health records, menus, and relevant correspondence.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with 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 :

The licensee failed to develop an individualized menu for residents #4 and #3 whose needs cannot be met through the home's current menu cycle.

Resident #4's spiritual, nutritional and psychological needs for the identified, specialized foods were not met through the home's menu cycle or an individualized menu as the home does not provide the identified specialized meals.



Resident #4 was admitted to Cummer Lodge, and was identified as being of a particular faith. A record review identified that the resident, on admission, was deeply religious and preferred specialized foods. A family interview confirmed that the resident ate specialized food at home, and that on admission, they were informed that the home does not provide this type of food, but as an alternative could offer an adjustment to the home's menu known as a particular style of menu which excludes certain menu items. Resident #4's current diet in the home does not include resident's preferred specialized meals.

Staff interviews revealed that Cummer Lodge cannot prepare a specific type of specialized meals for residents. The licensee offers an adjustment to the home's menu which excludes certain menu items and a vegetarian option as alternatives. According to the licensee, their role is to provide information to a specific faith based group of residents who wish to access specialized meals and that residents or family are responsible for initiating and paying for specialized meals and meal delivery to the home. The licensee confirmed that their role is to receive, store, reheat and serve specialized meals to the resident.

An interview with the social work/counselor revealed that on admission resident #4 wanted specialized meals, and it was explained that the home provides a particular style of menu and that was fine. "We have tried to accommodate him/her with the adjusted menu, which he/she followed for a long time, but now things have escalated. I understand that's part of his/her cultural and religious beliefs, but I do believe it's part of his/her disease and he/she is focused on this. Recently, it's gotten to the point where he/she says he/she is not eating." Further, the social worker revealed that resident #4 has a lot of unhappiness so he/she really focuses on food and that it makes the resident terribly sad that he/she doesn't get the food that he/she needs. The social worker revealed that the resident has an illness that plays a role in his/her ability to process information and have judgment around things.

The social work/counselor confirmed that the family is currently accommodating the resident's need for specialized meals by taking resident out for meals, as well as supplementing with additional preferred foods and beverages. Record review and family interview confirmed that the family is making further arrangements to accommodate resident's need for specialized meals.

An interview with the home's registered dietitian (RD) revealed that shortly after admission, resident #4 wanted specialized meals and was informed that these type of



meals were not available. The RD confirmed that an alternative diet has been offered to meet the resident's needs. The most recent quarterly nutrition review placed resident #4 at high nutrition risk. The RD revealed that resident #4's lack of access to specialized foods and his/her illness places him/ her at nutritional risk. The RD confirmed that the resident is not eating enough protein or a balanced diet.

An interview with the resident revealed that he/she ate specialized foods all his/her life, and that there are no specialized foods on the home's menu. The resident also indicated that he/she only had sweet potato fries, and some soup with crackers at lunch. The resident expressed that she is unable to honour his/her religious observance with the current menu. Resident stated, "I feel terrible; I don't sleep because I don't eat. Sometimes I dream that I am in the kitchen and that I'm fixing the food."

An interview with the resident's family revealed that the resident always complains that he/she is hungry all the time and wants specialized meals. The family confirmed that they supplement the resident's intake with a preferred drink . Staff interviews revealed that the resident drinks primarily this drink, which is provided by the family and not made available through the home. Family interview and record review confirmed the family purchases and supplies an identified drink to the resident. An interview with the RD identified awareness that the resident primarily drinks this identified beverage, which is supplied by the family. The RD confirmed that the home would explore obtaining this drink in the preferred packaging expressed by the resident.

Record review over an identified year, revealed that the resident had expressed ongoing need for specialized meals from admission, which escalated to not being able to eat the home's food resulting in a lack of variety and limited intake of the home's food. Furthermore, record review revealed the interdisciplinary team members including registered dietitian, registered staff, social work/counselor, physician, psychiatric consult and the nutrition manager were aware of resident complaints of not having specialized meals available.

On an identified date, inspectors observed resident #4 during the lunch meal service. The nutrition manager confirmed that the resident was offered a grilled cheese sandwich and double portions of coleslaw, which the resident declined. The resident took his/her preferred drink and a fruit. The resident stated to inspectors, "I couldn't have anything on the menu. I still need [specialized] foods and [specialized]meat. It's an emergency".



A record review revealed that the following dinner, resident #4 was offered a specialized meal by the nutrition manager, upon resident's request. The resident ate part of it. An interview with the RD confirmed that this was the first time a specialized meal was offered to resident #4.

Resident #3's spiritual need for specialized foods was not met through the home's menu cycle or an individualized menu as the home does not provide specialized meals.

Resident #3 was admitted to Cummer Lodge and was identified to be of a particular faith. Record review and family interview confirmed that the resident and his/her spouse ate the identified specialized foods at home and was very involved in their religious affiliation.

Prior to admission, the resident and spouse resided in an alternative accommodation where they received specialized meals as part of their accommodation. At the time of seeking admission to long-term care, the power of attorney (POA) was made aware that Cummer Lodge could only provide a particular style of menu and not the identified specialized preferred foods. Alternative admission to a home that provided specialized meals was considered, however, the alternate home could not promise that the couple would share accommodation. The POA stated that their parents preferred specialized meals, but Cummer Lodge could accommodate them in the same room. In the end, the decision was between keeping them together or providing them with specialized meals, and it was more important to keep them together, therefore the POA chose Cummer Lodge. The POA stated that she knew if there was the preferred specialized food available, her parents would be very happy.

An interview with the spiritual/religious care coordinator revealed that a survey was conducted to determine whether a specific faith based group of residents would pay for subsidized specialized meals. Resident #3 was one of 42 residents that was willing to pay a nominal fee to have specialized meals.

Resident #3's POA stated her parents' preference was for specialized meals and if there was specialized food available, "I can tell you that in a flash I would be all for it - even if there was a little surcharge, I wouldn't care".

Staff interviews indicated that the home conducted a survey to ask a group of faith based residents if they would like the identified specialized meals. The administrator confirmed that all 42 residents surveyed said yes to wanting the identified specialized meals. Two residents within the home currently receive specialized meals at no cost,



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provided by an outside charitable agency.

Additional Required Actions:

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

(A1)(Appeal/Dir# DR11)

The following order(s) have been rescinded:CO# 001

WN #2: The Licensee has failed to comply with LTCHA, 2007, 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 :



The licensee failed to ensure residents' right to be properly fed and cared for in a manner consistent with their needs was fully respected and promoted. Resident #4's spiritual, nutritional and psychological needs for kosher foods was not fully respected and promoted.

Resident #4 was admitted to Cummer Lodge on an identified date, and was of a particular. Record review, resident and staff interviews identified the following:

- On admission, resident #4 was identified as deeply religious, had ate specialized food at home and continued to prefer to eat specialized foods.
- From the time of resident #4's admission until present resident expressed an ongoing need for the identified specialized meals which escalated to resident refusing to eat the home's food. The homes' registered dietitian revealed that resident #4's lack of access to specialized foods and his/her illness places him/her at nutritional risk. The RD stated that the resident is not eating enough protein or a balanced diet.
- The homes social worker revealed that resident #4 has a lot of unhappiness so he/she really focuses on food and that it makes the resident terribly sad that he/she doesn't get the food that she needs. The social worker further revealed that resident #4 has an illness that plays a role in his/her ability to process information and have judgment around things. [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 resident #4's spiritual, nutritional and psychological needs for the identified specialized foods are fully respected and promoted by the licensee, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, 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 :

The licensee 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 #4 paid the co-payment charges for dietary services and raw foods. An identified specialized 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 #4 is currently living in a semi-private accommodation at Cummer Lodge, is of a particular faith, ate specialized food all his/her life, and requires specialized foods as part of his/her religious observance. Cummer Lodge does not have the facilities to prepare the identified specialized meals nor provides the specialized meals. Record review, as well as family and staff interviews, revealed that the licensee will not order or pay for specialized meals to be brought into the home. A family interview confirmed that they recently initiated contact with an organization to arrange for the delivery of specialized meals at a cost to the resident. Family further confirmed that the resident can only afford two specialized meals per week. [s. 91. (4)]

Additional Required Actions:



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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 licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under the legislation and shall not cause or permit anyone to make a charge or accept such a payment on the licensee's behalf, to be implemented voluntarily.



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Issued on this 29 day of September 2014 (A1)(Appeal/Dir# DR11)

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



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Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Direction de l'amélioration de la performance et de la conformité

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Karen Simpson
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 (1) a <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	T-443-14
Original Inspection #:	2014_108110_0007
Licensee:	Toronto Long-Term Care Homes and Services
LTC Home:	Cummer Lodge
Name of Administrator:	Leah Walters

Background:	Order #001, issued by LTC home Inspectors, inspection report # 2014_108110_0007 and served on the Licensee on July 8, 2014, is substituted with this Director's Order as permitted by s. 153(1)(a) of the LTCHA
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Order:	CO # 001
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To Toronto Long-Term Care Homes and Services, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to: 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:

Part I of the Order is as follows:

The Licensee shall immediately begin to provide "kosher meals" for residents in accordance with their needs and identify any other needs that also need to be considered and addressed in the provision of their individualized menu. These "kosher meals" and other assessed dietary needs must be provided at no charge to the resident.

Part II of the Order is as follows:

The Licensee shall meet with all of the residents in the home (or SDM if the resident is not capable) who have self-identified that they are of the Jewish faith. At this meeting the Licensee shall:

- Discuss the resident's specific dietary needs, including kosher meals;
- Discuss the options and alternatives to meet the resident's needs, including their religious needs;
- Confirm with each of the residents (or SDM as applicable) what that resident needs from a dietary perspective.

The licensee shall then ensure that an individualized menu that meets the resident's needs is developed and implemented for each resident whose needs cannot be met through the home's menu cycle, at no extra charge to the resident.

Grounds:

1. The licensee failed to develop an individualized menu for a resident that met their needs. This resident's needs are not being met through the home's current menu cycle.
2. A Resident has consistently identified that they required "kosher meals" to meet their needs from the time of admission to the time of the inspection in April, 2014.
3. A Resident refused meals provided by the home stating that the home could not give the resident food the resident wanted.
4. The Registered Dietitian confirmed in April, 2013 that the resident did not like the home's food and menus and that the resident requested kosher meals.
5. The Registered Dietitian confirmed in an interview with the Inspectors that the resident



wanted kosher meals. The Registered Dietitian also confirmed that the resident was at high nutritional risk and that not providing kosher meals was affecting their nutritional status.

- 6. A Resident experienced physical and psychological distress as a result of not receiving "kosher meals" from the home.
- 7. The Licensee's Spiritual and Religious Care Coordinator conducted a survey of 42 residents of the Jewish faith in the home. All 42 of the residents confirmed that they would like kosher meals.

This order must be complied with by:

Part 1: immediately
 Part 2: Oct. 31, 2014

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

and the

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 1075 Bay St., 11th Floor, Suite 1100
 Toronto ON M5S 2B1
 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.

Issued on this day of , 20 .	
Signature of Director:	
Name of Director:	Karen Simpson