



Ministry of Health and Long-Term Care
Health Care Programs Division

Ministère de la Santé et des Soins de longue durée
Division des programmes des soins de santé

Report of Unmet
Standards or Criteria

Rapport sur les normes ou
critères non respectés

Regional Office/Bureau régional
Toronto Region, Health Care Programs
55 St. Clair Avenue West, Toronto, ON M4V 2Y7

Date of review/Date de l'inspection
November 22, 23, 24, 25, 28, 2005

Long-Term Care Facility/Établissement de soins de longue durée
Sunnybrook Aging and Veterans Care

Address/Adresse
2075 Bayview Avenue, Toronto ON M4N 3M5

Name and title of LTC Division representative/Nom et fonction du(de la) représentant(e) de la Division
Mary Diamond, Compliance Advisor

Type of review/Genre d'inspection

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Annual
Annuelle | <input type="checkbox"/> Complaint Investigation
Enquête à la suite d'une plainte | <input type="checkbox"/> Post-sale
Postérieure à la vente |
| <input type="checkbox"/> Follow-up
Suivi | <input type="checkbox"/> Complaint investigation follow-up
Suivi d'une enquête à la suite d'une plainte | <input type="checkbox"/> Pre-license
Préalable à la délivrance du permis |
| <input type="checkbox"/> Referral
Visite d'un(e) conseiller(ère) | <input type="checkbox"/> Pre-sale
Préalable à la vente | <input type="checkbox"/> Other (specify)
Autre (précisez) _____ |

The following statements reflect the results of the facility operational review as based on Ministry of Health standards and criteria for resident care, programs and services in Long-Term Care facilities.

Les observations suivantes illustrent les résultats de l'inspection des opérations de l'établissement effectuée sur la base des normes et critères du ministère de la Santé en matière de soins aux Pensionnaires et de programmes et de services offerts dans les établissements de soins de longue durée.

Standards or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
B3.16 reissue (Issued May/June 04)	The following unmet standard criteria are issued during the Annual Review conducted on November 22-28, 2005. Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment. This criterion is not met as evidenced by the following: - Housekeeping carts with chemicals present on top of them were noted to be unattended. - Housekeeping cart with broken lock unattended. (O3.6)	Initiation to be immediate

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A. Augustin
Original: Health Care Programs Division
Original: Division des programmes des soins de santé

Signature of Health Care Programs Division representative/Signature
du (de la) Représentant(e) de la Division des programmes des soins de santé

M. Diamond
Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée



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Long-Term Care Facility/Établissement de soins de longue durée Sunnybrook Aging and Veterans Care		
Annual Review		November 21-28, 2005
Standards or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
B3.24 reissue (Issued May/Jun 04)	Each resident's height and weight shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently monthly. Changes in weight shall be evaluated and action shall be taken as required. This criterion is not met as evidenced by the following: <ul style="list-style-type: none">- Each resident's weight is not always measured and recorded monthly, or more frequently as prescribed.- Identified resident with weight loss not referred to dietitian.- Interdisciplinary care-planning regarding weight loss not always documented.	
M3.14 reissue (Issued May/Jun 04)	Monthly fire drills shall be held on all shifts and staff attendance documented. This criterion was not met as evidenced by the following: <ul style="list-style-type: none">- No record of fire drills in the long-term care floors for five consecutive months.- For those months where fire drills were held, drills were not held on all shifts.	
R6.3 reissue (Issued May/Jun 04)	Every drug cabinet or storeroom shall be kept locked at all times and only registered nursing staff and the pharmacist may have access to the keys. This criterion was not met as evidenced by the following: <ul style="list-style-type: none">- Medication cart unlocked and unattended for an extended period of time.- Medication room doors and adjacent nursing room doors left unlocked and unattended.	
O1.18 reissue (Issued May/Jun 04)	Hot water temperature shall be monitored daily at the source and once per shift in random locations where residents have access to hot water. This criterion is not met as evidenced by the following: <ul style="list-style-type: none">- Hot water not consistently monitored once per shift in random locations where residents have access to hot water.	
Compliance Plan due on or before December 12, 2005		

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Long-Term Care Facility/Établissement de soins de longue durée Sunnybrook Aging and Veterans Care		Annual Review	November 21-28, 2005
Standards or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective	
	<p>The following unmet standard criteria issued during the Special Visit Compliance Review of May 21, June 10, 11, 16, 2004 are observed to be corrected: A1.11, B1.2, B2.4, B3.32.</p> <p>The following unmet standard criteria issued during the Special visit Environmental Health Review of May 21, June 10, and 11, 2005 are observed to be corrected: M3.23, O1.17, O2.1, O3.1</p> <p>The following unmet criteria issued during the Special Visit Dietary Review of May 21, June 10, and 11, 2004 are observed to be corrected: B1.1, B1.4, B1.5, B1.6, B2.4, B3.34, P1.29. A referral will be made to the Ministry Dietary Advisor regarding the following unmet standard criteria that remain outstanding: B2.7, B3.27, B3.30, M1.6, P1.20, P1.24. Although some changes have been made to correct these unmet criteria, complete correction requires a new model of meal service delivery.</p>		

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A. Arguand

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

Observation/Discussion Summary

Sommaire des observations et discussions

Regional Office/Bureau régional
Toronto Region, Health Care Programs
55 St. Clair Avenue West, Toronto, ON M4V 2Y7

Date of review/Date de l'inspection
November 22, 23, 24, 25, 28, 2005

Long-Term Care Facility/Établissement de soins de longue durée
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<input type="checkbox"/> Follow-up Suivi	<input type="checkbox"/> Complaint Investigation follow-up Suivi d'une enquête à la suite d'une plainte	<input type="checkbox"/> Pre-license Préalable à la délivrance du permis
<input type="checkbox"/> Referral Visite d'un(e) conseiller(ère)	<input type="checkbox"/> Pre-sale Préalable à la vente	<input type="checkbox"/> Other (specify) Autre (précisez) _____

The following reflect explanatory detail related to observations/discussions over the course of the review. This information is provided as guidance to the facility and written response is not required.

On trouvera ci-dessous une explication détaillée des observations et discussions formulées au cours de l'inspection. Ces renseignements sont fournis à l'établissement à titre d'information; il n'est pas nécessaire d'y répondre par écrit

The following observations and discussions were held during the course of the Annual Review conducted November 22-28, 2005.

Discussions held regarding the need to ensure an organized, documented interdisciplinary team conference is held with the resident/representative, if they are able and wish to attend, within six weeks following admission, to review and further develop the written plan of care. (B2.3) Not all conferences are held within six weeks. Some team discussions/conferences are not completely documented indicating attendance of staff and resident/representative and if changes are made to the plan of care.

Discussions held regarding the need for each resident's plan of care to be reviewed and where necessary revised, at least quarterly, by the physician, nursing staff, the dietitian or food services supervisor [nutrition technician], and other team members as appropriate. (B2.6) Quarterly review of medications not always documented although may have been included in the quarterly team review. Changes to the plan of care and effectiveness of interventions by nursing staff are not always clear in the current documentation.

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A. Agustin

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Annual Review November 22-28, 2005

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Discussions held regarding the need to ensure risks to each resident's health and safety is identified and addressed in ways that consider his/her choice, freedom of movement, dignity and respect, in keeping with other residents rights. (B3.17) The current electronic security system may not be adequate for residents who are at high risk for elopement. Resident's wearing security bracelets and exiting the secure unit triggers an amber light at nursing stations. However this light is frequently triggered when family members or staff members take residents wearing bracelets off the floor. There is no audible alarm or ability to bypass the current alert system when residents are legitimately taken off the unit. There is no stimulus to trigger staff members to look towards the ceiling for the amber light, not all staff know what the amber light means.

Discussions held regarding the need to ensure a safe clean environment. There should be clearly assigned responsibilities for activities to monitor, evaluate and improve quality regarding those tasks that are performed by PSA staff (M2.4). Quality monitoring activities regarding tasks that overlap between housekeeping, dietary, and nursing need to be clearly documented (M2.5). This includes related policy and procedures, audits, analysis of outcomes, and improvement processes.

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