



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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch

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performance du système de santé  
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 16, 2013	2013_190159_0027	H-000001- 13	Complaint

**Licensee/Titulaire de permis**

488491 ONTARIO INC  
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

AVALON RETIREMENT CENTRE  
355 BROADWAY AVENUE, ORANGEVILLE, ON, L9W-3Y3

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

ASHA SEHGAL (159)

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



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

This inspection was conducted on the following date(s): September 30, October 1, 2013

During the course of the inspection, the inspector(s) spoke with the administrator, Assistant Director of Care, Food Service Manager, Registered Dietitian, registered staff, Personal Care Workers(PSWs), dietary staff and the residents.

During the course of the inspection, the inspector(s) reviewed resident health record, observed food preparation, meal service, reviewed menus and food production report.

The following Inspection Protocols were used during this inspection:  
Food Quality

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 72. Food production**

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

**s. 72. (2) The food production system must, at a minimum, provide for, (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).**

**s. 72. (2) The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

**s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with, (b) a cleaning schedule for all the equipment; and O. Reg. 79/10, s. 72 (7).**

**Findings/Faits saillants :**



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1. The licensee did not ensure that all menu items were prepared according to the planned menu.

On September 30, 2013, the production sheet and the planned therapeutic lunch menu indicated butterscotch pudding for regular and modified diabetic pureed diets. Food Service Manager and the cook confirmed that the regular/diet butterscotch pudding for lunch was not prepared as stated on the planned posted menu, the residents on pureed diet were served pureed butter tart square. [s. 72. (2) (d)]

2. On September 30, 2013, menu substitutions were not documented on the production sheets, examples: zucchini was substituted for stewed tomatoes and the pureed butter tart square was served for butter scotch pudding. The Food Service Manager confirmed that the menu substitutions were not always documented on the production sheets. [s. 72. (2) (g)]

3. All food and fluids in the food production system were not prepared, stored and served using methods to : preserve taste, nutritive value, appearance, and food quality:

A) On September 30, 2013, the dietary staff were observed preparing food items and did not follow the standardized recipes. Menu items were not prepared using standardized food production process i.e weighing /measuring specified ingredients for quality consistency. During the lunch service on September 30, 2013, the pureed chicken consistency was runny, the macaroni and cheese dried out and clumpy, zucchini over cooked and mushy. The inspector spoke with residents who indicated the macaroni and cheese was dry, vegetables did not have much flavour.

B) The preparation of foods too far in advance(waldorf salad prepared a day in advance)of the meal being served decreased the food quality by changing the food characteristics including appearance, flavour, texture of the food. The preparation of the menu items so far in advance resulted in compromised food quality and decreased nutritive value.

C) The Resident Council Food Committee minutes indicated many comments about the quality of the food.

The minutes of January, March, and June, 2013, indicated residents had expressed concerns regarding food temperatures, the food was not hot when served at their table. The poached eggs were green and black from over cooking. The pork chops were too tough, the toast served was soggy.

Minutes of August and September 2013, indicated that the pork chops were tough, mashed potatoes were clumpy and not mashed, cream of wheat hard and dry,



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residents would like less turnips on the menu. According to the minutes of the resident council food committee meetings it was indicated that the issues regarding food quality had been voiced again and again by the residents but the concerns had not been addressed to date. [s. 72. (3) (a)]

4. The licensee did not ensure that the staff of the home complied with the cleaning schedule for all equipment.

On September 30, 2013, most of the kitchen equipment was found heavily soiled. The grill, stove, and the ovens were not cleaned from the previous day after use. Accumulated dried food debris and grease was noted around the food preparation area. The insulated food transport carts were dirty, and covered with food spills and stains. [s. 72. (7) (b)]

***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 ensuring that preparation of all menu items is according to the planned menu; documentation on the production sheet of any menu substitutions and; all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality; the home has and that the staff of the home comply with a cleaning schedule for all equipment, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



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Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

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**Findings/Faits saillants :**

1. The Licensee did not ensure that an identified resident, who had altered skin integrity had a nutritional assessment in relation to the skin breakdown. The progress notes dated August 2013 in resident's clinical record reflected that resident had altered skin integrity. A referral was made to the Registered Dietitian for altered skin integrity and the nutritional assessment. However, the Registered Dietitian did not assess the resident and the Dietitian confirmed that a nutritional assessment related to skin did not occur. There was no reassessment of resident's energy, protein fluid, and other essential nutritional requirements in relation to the skin integrity concerns. [s. 50. (2) (b) (iii)]



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Issued on this 21st day of October, 2013

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

*Althe Schlegel*