



**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**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11ième étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 26, 2016	2016_341583_0006	010959-15	Follow up

Licensee/Titulaire de permis

BELLA SENIOR CARE RESIDENCES INC.
1000 FINCH AVENUE WEST SUITE 901 TORONTO ON M3J 2V5

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

BELLA SENIOR CARE RESIDENCES INC.
8720 Willoughby Drive NIAGARA FALLS ON L2G 7X3

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

KELLY HAYES (583)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April 5, 2016.

During the course of the inspection, the inspector(s) spoke with Nutrition Manager; Nursing Manager; Food Service Workers; Registered Practical Nurse; Personal Support Workers and Residents.

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



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

2 WN(s)
0 VPC(s)
1 CO(s)
1 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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,**
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods; O. Reg. 79/10, s. 72 (2).**
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable; O. Reg. 79/10, s. 72 (2).**
 - (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**
 - (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).**
 - (e) menu substitutions that are comparable to the planned menu; O. Reg. 79/10, s. 72 (2).**
 - (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).**
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the food production system provided standardized recipes for all menus and preparation of all menu items according to the planned menu.

During an interview with the Nutrition Manager on April 5, 2016, it was shared that the puree soups prepared in the kitchen were a nectar consistency and that standardized recipes for thickening liquids were located in the dietary binder in each servery.

During a lunch observation on first floor at 1200 hours staff #001 was observed thickening soup without a recipe. In an interview with staff #001, they shared they were thickening the puree soup for a resident who required nectar consistency fluids and they did not have a standardized recipe to follow. It was shared direction had not been provided on how to thicken soup for residents on nectar, honey and pudding texture consistencies. The servery was observed to have an unlabeled container of thickener, no measuring spoons and two different sets of thickening instructions for two different thickening products. In an interview with staff #001 they shared they did not know which type of thickening product was in the unlabeled container and were unclear which recipe instructions they were required follow.

During a lunch observation on the first floor at 1230 hours staff #002 was observed thickening soup without a recipe. In an interview with staff #002, they shared they were thickening the puree soup for a resident who required nectar consistency fluids and they did not have a standardized recipe to follow. Staff #002 was unable to find a standardized recipe for thickening liquids and it was confirmed it was not located in the dietary binder in the servery. The servery was observed to have an unlabeled container of thickener with no measuring spoons. Staff #002 confirmed resident #101 required pudding thick liquids and that they mixed their juice without measuring or following a recipe as both the recipe and measuring spoons were not available.

In an interview with the Nutrition Manager on April 5, 2016, it was confirmed that there was not a standardized recipe for thickening the puree soups to a honey and pudding consistency and it had not been clearly communicated to staff that the puree soups were already a nectar consistency without thickening. It was confirmed that there was a standardized recipe developed for thickening all other liquids but that it was not being followed in the first floor dining rooms as the required instructions and measuring spoons were not available. [s. 72. (2)]



Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for
further action by the Director.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and
snack service**

Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has
a dining and snack service that includes, at a minimum, the following elements:
5. A process to ensure that food service workers and other staff assisting
residents are aware of the residents' diets, special needs and preferences. O. Reg.
79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure a process was in place to ensure that food service
workers were aware of the residents' diets and special needs.

During a lunch observation on first floor at 1230 hours staff #002 shared they were
unclear as to what diet texture resident #100 required. A review of the resident diet
binder located in the servery identified resident #100 was on a regular diet texture and
regular fluid texture. The Nursing Manager clarified the resident was put on a minced
diet texture with nectar thick fluids according to resident #100's progress notes
documented in April, 2016. In an interview with the Nutrition Manager on April 5, 2016, it
was confirmed that she received a "Dietary Referral to be Completed by Registered
Staff" form with a request to change resident #100's diet to a minced diet texture and
nectar thick fluid consistency in April, 2016. It was confirmed a process was not in place
to ensure that the food service workers were kept aware of the diet texture changes. [s.
73. (1) 5.]



**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**

Issued on this 27th day of April, 2016

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KELLY HAYES (583)

Inspection No. /

No de l'inspection : 2016_341583_0006

Log No. /

Registre no: 010959-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Apr 26, 2016

Licensee /

Titulaire de permis : BELLA SENIOR CARE RESIDENCES INC.
1000 FINCH AVENUE WEST, SUITE 901, TORONTO,
ON, M3J-2V5

LTC Home /

Foyer de SLD : BELLA SENIOR CARE RESIDENCES INC.
8720 Willoughby Drive, NIAGARA FALLS, ON, L2G-7X3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Dale Cowan

To BELLA SENIOR CARE RESIDENCES INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the InspectorPursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8***Ordre(s) de l'inspecteur**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 # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_323130_0002, CO #002;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Order / Ordre :

The Order is made based upon the application of the factors of severity (2 - risk or potential for actual harm), scope (2 - pattern) and compliance history (4 - ongoing non compliance with an order), and the Licensee's history of non-compliance with a CO on September 2, 2014 and May 7, 2015.

The licensee shall ensure that the following is completed.

1) Develop and implement standardized recipes for thickened soups.

2) Ensure the correct standardized recipes for thickening liquids are available in all serving areas for food service staff to access.

3) Ensure the required Tablespoon and Teaspoon measurements are available in all serving areas for food service staff to access.

4) Provide training to food service staff on the homes procedure for thickening liquids

5) Audit to ensure all thickened fluids are prepared according to the planned recipes.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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*

Grounds / Motifs :

1. The licensee failed to ensure that the food production system provided standardized recipes for all menus and preparation of all menu items according to the planned menu.

During an interview with the Nutrition Manager on April 5, 2016, it was shared that the puree soups prepared in the kitchen were a nectar consistency and that standardized recipes for thickening liquids were located in the dietary binder in each servery.

During a lunch observation on first floor at 1200 hours staff #001 was observed thickening soup without a recipe. In an interview with staff #001, they shared they were thickening the puree soup for a resident who required nectar consistency fluids and they did not have a standardized recipe to follow. It was shared direction had not been provided on how to thicken soup for residents on nectar, honey and pudding texture consistencies. The servery was observed to have an unlabeled container of thickener, no measuring spoons and two different sets of thickening instructions for two different thickening products. In an interview with staff #001 they shared they did not know which type of thickening product was in the unlabelled container and were unclear which recipe instructions they were required follow.

During a lunch observation on the first floor at 1230 hours staff #002 was observed thickening soup without a recipe. In an interview with staff #002, they shared they were thickening the puree soup for a resident who required nectar consistency fluids and they did not have a standardized recipe to follow. Staff #002 was unable to find a standardized recipe for thickening liquids and it was confirmed it was not located in the dietary binder in the servery. The servery was observed to have an unlabeled container of thickener with no measuring spoons. Staff #002 confirmed resident #101 required pudding thick liquids and that they mixed their juice without measuring or following a recipe as both the recipe and measuring spoons were not available.

In an interview with the Nutrition Manager on April 5, 2016, it was confirmed that there was not a standardized recipe for thickening the puree soups to a honey and pudding consistency and it had not been clearly communicated to staff that the puree soups were already a nectar consistency without thickening. It was confirmed that there was a standardized recipe developed for thickening all



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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*

other liquids but that it was not being followed in the first floor dining rooms as the required instructions and measuring spoons were not available. (583)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2016



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
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.



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
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*

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 26th day of April, 2016

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Kelly Hayes

**Service Area Office /
Bureau régional de services :** Hamilton Service Area Office