Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 24, 2016	2016_168202_0004	032726-15	Complaint

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale Development LP
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

BRADFORD VALLEY
2656 6th Line Bradford ON L3Z 3H5

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

VALERIE JOHNSTON (202)

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): January 26, 27, 28, 29, and February 03, 04, 05, 2016.

During the course of the inspection, the inspector: reviewed clinical records, observed lunch meal services for an identified home area, reviewed the home's monthly activity program calendars, observed the furniture used by residents on identified resident home areas, reviewed the home's policies related to nutrition and hydration and dietary referrals, and reviewed the home's staffing schedule.

This complaint inspection is related to a complaint regarding sufficient staffing, personal support services, resident rights, lack of activities offered, unclean resident furniture, and food quality.

During the course of the inspection, the inspector(s) spoke with director of care (DOC), registered dietitian (RD), director of dietary services (DDS), director of resident programs and admission, recreation assistant, recreational therapist, registered nursing staff, personal support workers, housekeeping aide.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Dining Observation
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 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. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O.Reg. 79/10, s. 26 (4).

Resident #001 was admitted to the home on an identified date, and the RD admission assessment identified the resident's fluid intake to be lower than the estimated average fluid requirement of 12 serving per day or 1500 mL.

There were no interventions or plan of care implemented when the risk of not consuming his/her daily minimum fluid requirement was identified.

A review of the admission dietary summary notes, indicated that the resident's average fluid intake was lower than the estimated fluid intake requirements of 12 servings of fluid per day. The nutritional goals were to maintain adequate nutrition by maintaining weight within the goal weight range and to have safe chewing and swallowing. The nutritional goals and plan did not address the resident's hydration risk or risk of dehydration by not meeting the daily fluid requirements.

Further the written plan of care identified that resident #001's Substitute Decision Maker (SDM) requested the resident only receive an identified preferred fluid. The limited fluid preference, had not been identified or assessed as a further risk to the resident's hydration status. Compensation interventions were not considered.

A review of the home's Hydration Program policy #XI-G-20.20, revised October 2015, indicated that residents are offered a minimum 1500-2000 mL of fluid daily and specified that at the noon meal the following fluids are offered for a total 610 mL:

-1/2cup (1 serving) (125 mL) milk
-3/4cup (1.5 servings) (180 mL) water
-1/2 cup (1 serving) (125 mL) fluid as soup or juice
-3/4 cup (1.5 servings) (180) mL tea and coffee

Observations made on three consecutive days during the course of the inspection, of an identified meal service revealed that the resident received two servings of an identified

fluid for a total of 305 mL, which is half of the required offering.

The following results are documented averages of resident #001's fluid intake for an identified seven month period of time, which revealed that resident #001 did not achieve a minimum of 9 servings of fluid or his/her estimated fluid requirement of 12 servings. The identified hydration risk to resident #001 had not been assessed. A review of the resident's fluid intake records revealed that the resident failed to meet the estimated amount of 12 servings per day on any day for the identified seven month period of time, when the resident's weight decreased by 5 per cent with no assessment of fluid intake.

Month A: 7.6 servings of fluid per day,
Month B: 8.35 servings of fluid per day,
Month C: 8.0 servings of fluid per day,
Month D: 6.5 servings of fluid per day,
Month E 7.3 servings of fluid per day,
Month F: 7.4 servings of fluid per day,
Month G: 6.6 servings of fluid per day.

A review of resident #001's documented weights indicated that the resident's identified weight in month A had been approximately maintained at this identified weight until Month G, when the resident's weight decreased 5 per cent. The resident's reduced fluid intake was not assessed in relation to resident's unplanned weight loss.

Record review identified the following:

A review of dietary referrals sent by registered nursing staff with respect to the resident's hydration revealed the following:

A dietary referral was sent on an identified date by nursing staff related to an identified concern, requesting assessment and intervention. No assessment related to the resident's fluid intake was identified.

A subsequent dietary referral was sent on an identified date, to the dietitian related to resident #001's poor fluid intake over an identified 72 hour period. The dietitian response to the referral stated "no signs or symptoms of dehydration identified by registered staff in the referral. This is required as per the Hydration and Nutrition Monitoring Policy for a RD referral. Please review and refer back to RD as required".
No assessment related to the resident's fluid intake was identified.

A review of resident #001's written plan of care directed staff to ensure adequate fluid intake of a minimum of twelve ½ cup servings per 24 hours. The written plan of care further indicated that the resident's family had only one fluid preference identified for the resident. The written plan of care did not offer any interventions on how to ensure the resident receives adequate fluid intake.

An interview with the RD indicated that resident #001 is to have a minimum number of servings of fluids each day and the resident had been assessed to require 12 fluids or 1500 mL per day. The RD further indicated that the resident has had poor daily fluid intake from the time of the resident's admission and that the resident is limited of what he/she can have.

The RD confirmed in the interview that hydration risks related to resident #001 identified poor fluid intake had not been assessed and there were no interventions to respond to the resident not meeting the minimum daily fluid requirements. [s. 26. (4) (a),s. 26. (4) (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 to ensure that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O.Reg. 79/10, s. 26 (4)., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee has failed to ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.

Record review identified that resident #001 was admitted at high nutritional risk and had a 5 per cent significant weight loss over one month, on an identified date in month G, when the resident's weight decreased an identified amount.

A review of the dietary referrals for resident #001, revealed that on an identified date in month G, RPN #107 had sent a dietary referral to the RD which indicated that resident #001 had lost a significant amount of weight in one month. The referral further indicated that resident #001 eats poorly and that the resident had been identified to prefer certain foods.

A response to the above mentioned dietary referral, three weeks later, transcribed by the RD, acknowledged the resident's current weight, however, did not acknowledge that the resident had a 5 per cent weight loss in one month. The notes further indicated that the resident will remain at medium nutrition risk related to weight and intake monitoring with no reference as to why the resident had been changed to medium risk from the resident's admission status of high nutritional risk.

The weight records for resident #001 revealed that the resident had a 7.5 per cent significant weight loss over three months, in month H, when the resident's weight decreased from an identified amount in month C, to an identified amount in month H. The weight records for the resident further revealed that the resident also had a 10 per cent significant weight loss over six months, in month J, when resident's weight decreased an identified amount in month D, to an identified amount in month J.

An interview with the RD confirmed receipt of the dietary referral sent in month G, regarding resident #001's 5 per cent weight loss over one month and confirmed that the resident also had a 7.5 per cent weight loss over three months and a 10 per cent significant weight loss over 6 months, identified in month H and month J, consecutively. The RD further confirmed that the resident's significant weight loss of 5 percent over one month, 7.5 per cent over three months and 10 per cent over 6 months had not been assessed using an interdisciplinary approach with actions taken and outcomes evaluated.

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 that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months, to be implemented voluntarily.

WN #3: 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 :

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

A review of resident #001's documented weights, revealed that the resident had a 5 per cent significant weight loss in one month from month F to month G, when the resident's weight decreased. The resident also had a 7.5 per cent significant weight loss, over three months when the resident's weight decreased from month C to month H, and a 10 per cent significant weight loss, in 6 months from month D to month J, when the resident's weight decreased.

A review of the dietary referral sent to the RD by RPN #107 in month G, indicated that the resident had a 5 per cent significant weight loss in the current month and that the resident eats poorly and has identified food preferences.

A review of the quarterly interdisciplinary care conference dietary summary, for the resident's first quarter from month A to month D, indicated that the resident refused to eat this quarter, but currently eats better. The SDM brings in food for the resident and the resident regularly enjoys eating these items.

A review of the quarterly interdisciplinary care conference dietary summaries for both month F, and month J, revealed that the resident has identified food preferences and dislikes.

Interviews with RPN #107, RPN #102 and PSW # 106 revealed that resident #001 eats poorly, prefers to eat certain identified foods brought and does not drink well. When asked if the home offers the resident his/her food preferences, RPN #107 indicated that they do the best they can, however, they can only offer what is on the menu.

Interviews with both the RD and the DDS, indicated that the resident has had known food preferences and dislikes from the time of the resident's admission. Both the RD and the

DDS indicated that the resident likes identified foods. The RD and the DDS indicated that these items are included in the home's planned menu, however, there are days when the resident's identified food preferences may not be included. The RD and the DDS further indicated that the home's monthly menu had been provided to the SDM and on days that the resident may not like the foods served, the SDM would bring in food for the resident.

Both the RD and the DDS further confirmed that an individualized menu plan had not been created for resident #001, despite the resident's known food preferences and dislikes and documented significant weight loss. [s. 71. (5)]

WN #4: 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. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents who require assistance with eating or drinking is only served a meal when someone is available to provide the assistance.

A review of resident #002 and #003's plan of care and interviews with direct care staff indicated that both residents required total staff assistance for eating all meals, fluids and snacks.

On an identified date during the inspection and on an identified home area, resident #003 was observed to have a bowl of soup placed on the table in front of him/her for a total of 45 minutes, whereby the resident was observed to remain unassisted. At the end of the 45 minutes, PSW #106 removed the soup from resident #003's table, brought the soup to the servery to be reheated and then returned the soup to the resident for feeding.

At the same time, resident #002 was observed to be offered dessert by a PSW and was then placed on the table in front of the resident. PSW #106 indicated that he/she would assist resident #002 with the dessert after resident #003 had completed the soup and the rest of his/her meal.

Approximately 40 minutes later, PSW #106, was observed to have finished assisting resident #003 with his/her lunch meal and began to assist resident #002 with his/her dessert which had been placed on the table in front of the resident for 40 minutes.

Interviews with PSW #106 and RPN 102 indicated that resident are normally provided food at the time of which staff can assist. PSW #106 indicated that on this particular day they were short staffed and unable to feed the identified number of residents that require total assistance for feeding as they normally would have. [s. 73. (2) (b)]

Issued on this 24th day of February, 2016

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

Original report signed by the inspector.