Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 24, 2021	2021_941746_0007	010572-21, 011173-21, 011604-21, 015786-21, 017447-21	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 Care Community
2656 6th Line Bradford ON L3Z 2A1

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

AMANDEEP BHELA (746)

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): November 29, 30 and December 1, 2, 3, 6, 7, 8, 9, 2021

The following intakes were completed during this inspection:
One log- related to falls
One log- related to responsive behaviours
One log- related to food and housekeeping
Two logs related to dietary department and staffing

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Director of Environmental Services (DES), Director of Dietary Services (DDS), Behavioural Supports Ontario (BSO) Lead, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Cooks, Dietary Aides, Housekeepers, and residents.

During the course of the inspection, the inspector(s) toured resident home areas, kitchen, observed staff to resident interactions, reviewed clinical health records, staff schedules, and discussed relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Dining Observation
Falls Prevention
Food Quality
Infection Prevention and Control
Responsive Behaviours
Safe and Secure Home
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **5 WN(s)**
- **3 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	Légende 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home is a safe and secure environment for resident #002.

A complaint was submitted to the Director, regarding the resident's fall with an injury. Complainant indicated that resident #002 sustained a fall due to an identified device stored in the hallway blocking access to the handrail.

An observation made during the inspection demonstrated that resident #002 would wander back and forth in the hallway, walking near the handrails with unsteady gait, the observation further demonstrated that the resident would walk around, two identified devices stored in the hallway, where the resident would be observed to have no access to the handrails.

A review of the resident's post fall huddle and interview with RPN #111 confirmed that, resident #002 was observed wandering in the hallway, lost their footing, stumbled and fell backwards into the device stored in the hallway. As resident #002 fell they were observed to be attempting to grab the handrail with no access, as the handrail was blocked by the device. Resident was observed to be sitting on buttocks with arm above their head, resident had sustained an injury during the fall and was transferred to hospital for further assessment.

Interview with RPN #111 and BSO Lead confirmed that storing these items in the hallway limits access to the handrails and put's resident #002 at risk for falls considering there wandering behaviour and unsteady gait.

Sources: Observations of resident #002, resident #002's post fall assessment huddle, interview with RPN #111 and BSO Lead #114. [s. 5.]

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 the home is safe and secure for residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home, furnishing, and equipment are kept clean and sanitary.

A complaint was submitted to the Director, related to concerns around resident dining rooms not being cleaned after meals resulting in concerns around food debris left on dining room floors, dirty dining room tables, dirty feeding stools and legs of dining room tables.

Observations made on December 1st and 2nd, 2021, prior to breakfast, after breakfast and before lunch on identified care units indicated dirty walls in the dining room, floors in the dining room and table tops in the dining room had extensive amounts of food debris, and through observations it was further noted that the legs of the tables and stools were dirty.

An interview with Director of Environmental Services and Director of Dietary Services confirmed that the home is currently putting a process in place to address the concerns noted and working with the housekeeping and dietary department to put a process in place for roles and responsibilities of cleaning the resident dining rooms after meals. Failure to ensure that the home, its furnishings and equipment are kept clean and sanitary may negatively affect resident quality of dining experience and may negatively impact the home's infection control practices.

Sources: Observations, Record review of Bradford Valley Weekly Day Dietary Aide Cleaning Schedule, and Interview with DES and DDS. [s. 15. (2) (a)]

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 the resident dining rooms are kept clean and sanitary, to be implemented voluntarily.

WN #3: 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,
(f) communication to residents and staff of any menu substitutions; and 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,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that daily menus are communicated to residents.

Complaints were made to the Director related to concerns with the home's dietary department on July 4, 14 and October 4, 2021.

On December 2, 2021, residents in an identified dining room during lunch were being offered cheese omelette and turkey cesar salad. A review of the daily menu posted on the unit indicated that the lunch item options would be ham and cheese wrap and turkey cesar salad. The posted daily menu did not reflect the substitution made during lunch service.

Interview with DDS confirmed the observation made and indicated the daily menu should have been updated according to the substitution. Failure to update daily menu according to substitution changes may negatively affect the resident's dining experience.

Sources: Observations, Observation of daily posted menu on identified home are and Interview with DDS. [s. 72. (2) (f)]

2. The licensee failed to ensure that all food and fluids were prepared, stored, and served using methods to prevent contamination and food borne-illness.

A review of the food temperatures records was conducted on December 2, 2021, in the main kitchen. Cook #127 provided records from the binder, records had no identification of the month for breakfast, lunch and dinner. A review of this record indicated that for breakfast and lunch there were missing temperatures for 22 days, and for dinner there

were missing temperatures for 15 days. A further review of the binder indicated that there were no temperature sheets for the cooks for the month of December 2021, Cook #127 indicated that they were not provided the temperature sheets for December 2021, from management therefore they were not taken and documented.

An observation on December 3, 2021, for breakfast service on an identified unit indicated that no temperatures were taken by Dietary Aide #119, the dietary aide indicated that they are working short and do not have time to check the temperature of the food prior to serving breakfast to the residents.

A review of the home's Food Temperature Recording Production Policy indicates that the cooks will use a properly calibrated thermometer and record temperatures of all cold foods 30 minutes before meal service on the production sheets and record temperatures of all hot foods before placing in the hot holding area on the production sheets. The policy further indicates that the Dietary Team is responsible to unload Cambro containers and place all hot food immediately on the hot/steam table, place all cold food items in the refrigerator until the items are required for dining service. They are then required to sanitize the pocket thermometer with an alcohol swab or recommended food safe sanitizer prior to taking the temperature of each food item prior to meal service.

An interview with DDS confirmed that temperatures are required to be taken by the cook's in the main kitchen and documented and a second check is required to be taken and documented by the dietary aides on the unit's prior to serving the meals to the residents. The DDS confirmed that failure to check the temperature may put residents at risk for food borne illness and food being served at unpalatable temperatures.

Sources: Observations, Record review of food temperature sheets in the main kitchen and Food Temperatures- Point of Service Policy # XXIII-H-10.30 and interview with DDS. [s. 72. (3) (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 all food and fluids in the food production system are prepared, stored, and served using methods to, prevent adulteration, contamination and food borne illness, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the menu cycle includes menus for regular, therapeutic and texture modified diet for both meals and snacks.

A complaint was made to the Director, where it was indicated that resident #010, was not accommodated their specialized diet.

A review of resident #010's records indicated that the resident was to receive a specialized diet. On December 2, 2021 a request was made for a copy of the home's menu cycle with diet extensions. A review of the document indicated that there was no identification of this specialized diet on the document.

An interview with DDS confirmed the review of the record and indicated that the document should include a section for this specialized diet for staff to have access to.

Failure to ensure that the menu cycle includes a section for the identified specialized diet may put the resident at risk for receiving the incorrect substitution.

Sources: Record review of resident #010's progress notes, Diet Extension Menu and Interview with DDS. [s. 71. (1) (b)]

WN #5: 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:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

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:
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that daily menus are communicated to residents.

Complaints were made to the Director related to concerns with the operation of the home's dietary department on July 4, 14, and October 4, 2021.

On Thursday December 2, 2021 observations were made on identified units, it was noted that the daily menu posted on the units was for Tuesday November 30, 2021.

Interview with DDS confirmed the observations made and indicated the daily menu should have been updated according to the current date. Failure to update daily menu may negatively affect the resident's dining experience.

Sources: Observations of menu board and Interview with DDS. [s. 73. (1) 1.]

2. The license failed to ensure appropriate equipment in resident dining areas was available to meet the needs of all residents to eat.

An observation conducted on December 2, 2021, for lunch service on an identified unit indicated that staff did not have appropriate amount of cutlery to deliver the meal. It was noted during the dining meal observation and confirmed with PSW #118 that staff did not have enough spoons, forks and or knives to provide to residents who receive tray service and five residents did not receive soup as there were no bowls available.

An interview with DDS confirmed the observation made and indicated that the staff should have enough cutlery available and if there is not enough sent up to the units, staff are to request more to be sent up the units. Failure to ensure enough cutlery is available for staff may put residents at risk of not receiving there meals as intended, therefore negatively affecting dining experience.

Sources: Observations and Interview with DDS. [s. 73. (1) 11.]

Issued on this 31st day of December, 2021

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

Original report signed by the inspector.