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

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

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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 6, 2017	2017_661683_0008	016342-17	Critical Incident System

Licensee/Titulaire de permis

THE CENTRAL CANADIAN DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE IN CANADA
155 PANIN ROAD BURLINGTON ON L7P 5A6

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

CAMA WOODLANDS NURSING HOME
159 PANIN ROAD BURLINGTON ON L7P 5A6

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

LISA BOS (683)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 22, 23, 2017

The following inspection was completed:
log #016342-17 - Nutrition & Hydration

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), dietary aide and residents.

During the course of the inspection, the inspector reviewed clinical records, referral forms, policies and procedures and observed the provision of care and services.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **1 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. 25. Initial plan of care

Specifically failed to comply with the following:

s. 25. (1) Every licensee of a long-term care home shall ensure that,
(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and O. Reg. 79/10, s. 25 (1).
(b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the initial plan of care was developed within 21 days of admission for residents #001 and #003.

i) Review of the home's critical incident report and staff interviews identified that on an identified date in 2017, resident #001 required intervention by the registered staff, and had a change in their health status.

Resident #001 was admitted to the home on an identified date. Review of the clinical record identified that there was no documentation of an initial assessment by the Registered Dietitian (RD) and no documentation in the resident's care plan to identify the resident's dietary needs and preferences.

Interview with the RD identified that they intended to complete the nutrition plan of care for resident #001 on an identified date; however, was not at the home that day. When they returned to the home on an identified date to complete the nutrition plan of care, they noted the change in the resident's health status and identified their assessment was no longer appropriate. The RD acknowledged that the initial plan of care was not completed within 21 days of admission.

Interview with the Director of Care (DOC) on an identified date in 2017, confirmed that the initial nutrition plan of care was not developed within 21 days of admission for resident #001.

ii) Resident #003 was admitted to the home on an identified date. Review of the progress notes and assessments identified that the RD completed the initial nutrition assessment 25 days after the resident was admitted to the home.

Interview with the DOC on an identified date in 2017, confirmed that the RD did not complete the initial nutrition assessment for resident #003 within 21 days of admission.

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 the initial plan of care is developed within 21 days of admission, to be implemented voluntarily.

WN #2: 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 failed to ensure that a registered dietitian who was a member of the staff of the home completed a nutritional assessment for all residents on admission and whenever there was a significant change in a resident's health condition; and assessed the matters referred to in paragraphs 13 and 14 of subsection (3).

Review of the home's critical incident report and staff interviews identified that on an identified date in 2017, resident #001 had a reaction which required intervention by the registered staff, and which resulted in a change in their health status.

Resident #001 was admitted to the home on an identified date. Review of the clinical record identified that there was no documentation of a nutritional assessment by the RD and no documentation in the resident's care plan to identify their nutrition and hydration status, along with any relevant risks.

Interview with the RD identified that they completed the meal observation for the resident and documented their assessment on hand written notes, but had not entered them into the computer.

Review of the dietitian's hand written notes identified the resident's height, weight, diet texture, intake and estimated energy requirements; however, they did not identify or assess any risks related to nutrition care and the resident's hydration status. The notes were not made available to direct care staff and were not part of the resident's record.

Interview with the DOC on an identified date in 2017, acknowledged that the RD did not complete a nutritional assessment for resident #001 upon admission to the home, and their nutrition and hydration status were not documented in their plan of care.

The licensee did not ensure that a registered dietitian who was a member of the staff of the home completed a nutritional assessment for resident #001 on admission, and assessed the matters referred to in paragraphs 13 and 14 of subsection (3).

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Review of the home's critical incident report and staff interviews identified that on an identified date in 2017, resident #001 required intervention by the registered staff, and had a change in their health status.

Resident #001 was admitted to the home on an identified date. Interview with the RD identified that they completed the meal observation for resident #001 and collected the information for the initial nutrition assessment on hand written notes, but had not entered them into the computer. They noted that as per their observations, the resident's diet upon admission was appropriate.

Review of the dietitian's hand written notes identified the resident's height, weight, diet texture, intake and estimated energy requirements. The notes were not made available to direct care staff and were not part of the resident's record.

The Nutrition Services Summary Worksheet was reviewed for an identified date in 2017, which indicated that a resident visit and a meal observation were completed for resident #001, and their diet texture was identified. The worksheet was not available to direct care staff and was not part of the resident's clinical record.

Review of resident #001's plan of care identified that there was no documentation of the dietitian's assessment or observations for the identified dates.

Interview with the DOC acknowledged that the RD should have documented their observations and assessment of diet texture in the plan of care for resident #001. The licensee did not ensure that any actions taken with respect to resident #001, including assessments, reassessments, interventions and their responses to interventions were documented.

Issued on this 8th day of September, 2017

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

Original report signed by the inspector.