Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
December 16, 2010	2010_171_2768_16Dec073918 2010_171_2768_17Dec133025	Complaint H-01124 H-02778

Licensee/Titulaire

Maplewood Nursing Home Limited, 500 Queensway West, Simcoe, ON, N3Y 4R4
Fax: 519-426-2511

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

Cedarwood Village, 500 Queensway West, Simcoe, ON, N3Y 4R4

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

Elisa Wilson, LTC Homes Inspector (#171)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct two complaint inspections regarding resident care and food services.

During the course of the inspection, the inspector spoke with: the director of care, foodservices manager, cooks, foodservice staff, personal care workers, registered staff and residents.

The inspector observed lunch service on December 16, 2010, reviewed therapeutic menus, production sheets and recipes. Plans of care were reviewed for three residents.

The following Inspection Protocols were used during this inspection:
Dining Observation
Food Quality
Personal Support Services
Nutrition and Hydration

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN
4 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(7). The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. Resident #1 requires regular fluids according to her plan of care. She was provided with thickened fluids at the lunch meal service on December 16, 2010.

2. Resident #2 requires honey thick fluids according to her plan of care. She was provided with extra pudding thick fluids at lunch meal service on December 16, 2010.

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 in ensuring the care set out in the plan of care is provided to the resident as specified in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.72(3)(a). 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;

Findings:

1. The thickened fluids served to three residents during lunch service on December 16, 2010 were not prepared or served in a manner to preserve appearance and food quality. They were at a consistency that would be considered thicker than pudding, however the residents required honey, regular and nectar thick consistencies. The recipe for the staff indicating how much thickener to add to fluids is located in the servery but was for a different product than the one being used. The quantities required for each product were different and there were no measuring utensils available in the servery/dining room for staff to use when adding thickener to a beverage.

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 all fluids are prepared using methods to preserve food quality and appearance, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.73(2)(a). The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking;

Findings:

1. A staff member was assisting more than two residents at lunch service on December 16, 2010. There was one staff person left in the dining room at 12:40 who needed to assist five residents to eat their main entrees as well as deliver desserts to all the residents in the dining room. This resulted in one resident leaving the dining room before trying to take the main entrée and two residents not starting on

the main entrée until 1300h.

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 in ensuring that no person simultaneously assists more than two residents who need total assistance with eating and drinking, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.228.4 i,ii and iii. Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
4. A record must be maintained by the licensee setting out,
   i. the matters referred to in paragraph 3,
   ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
   iii. the communications under paragraph 3.

Findings:

1. The Home collects feedback from residents at Food Committee meetings and Resident's council meetings. This feedback includes requests and suggestions for menu changes and quality improvement. The Home is acting on some of these requests however the details of what improvements were made, the names of the persons participating in the evaluations, the dates the improvements were implemented and the communication back to the residents is not documented.

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 in ensuring that records are maintained regarding improvements made to the quality of care and goods provided to the residents, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Elsia Wilson
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Jan 31, 2011