



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
prévus le Loi de 2007 les
foyers de soins de longue

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

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 21, 22, 26, 28, 29, 2011	2011_087128_0022	Follow up

Licensee/Titulaire de permis

COPPER TERRACE LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

COPPER TERRACE
91 TECUMSEH ROAD, CHATHAM, ON, N7M-1B3

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

RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, Resident Care Consultant, Administrator, Director of Care, Nutrition Manager, 2 Nurse Managers, 4 Registered Practical Nurses, 5 Personal Support Workers, and 5 Dietary Aides.

During the course of the inspection, the inspector(s) observed partial lunch, partial supper and partial evening snack on September 21, 2011; observed partial breakfast on September 22, 2011; reviewed the clinical records for 4 residents, standardized recipes, and policies and procedures relevant to the inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Food Quality

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following subsections:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. On September 21, 2011 at 12:26, the food for the lunch meal was observed in a dining room servery where it was observed that there was no minced texture cabbage rolls to serve to residents on a minced texture diet. The Dietary Aide in the servery indicated that they give residents on a minced texture the whole cabbage roll and it is cut up at the table. Additionally, it was noted that the cucumber salad was in pieces that were too large to be safe for residents on a minced texture diet.

On September 21, 2011 at 12:30, a staff interview was held with the Nutrition Manager, in a servery, to query why there were no minced cabbage rolls available. She confirmed that serving whole cabbage rolls was a choking risk for residents on a minced texture and that the menu indicated that minced cabbage rolls were to be served. She also confirmed that the chopped cucumber salad available for minced diets was a choking risk. The Nutrition Manager stated that the staff had received training related to what constituted a minced texture at the August 31, 2011 dietary staff meeting.

On September 21, 2011 at 12:35, the food for the lunch meal was observed in a dining room servery and it was also observed that there were no minced texture cabbage rolls available to serve to residents on a minced texture diet. The Dietary Aide in the servery stated "we will be cutting the cabbage rolls as we go". It was also noted that the cucumber salad was a potential choking risk for residents on a minced texture diet.

On September 21, 2011 at 17:15, the food for the supper meal was observed in a dining room servery where it was noted that the brussel sprouts for residents on a minced texture diet posed a choking risk. The brussel sprouts were an unsafe texture despite a monitoring system being implemented by the home, at the MOHLTC's direction, where the texture modified food was checked prior to the food leaving the kitchen.

On September 21, 2011 at 17:17, a staff interview was held with the Nutrition Manager, in a servery, to query whether a monitoring system had been initiated, as directed by the MOHLTC that afternoon. She confirmed that a monitoring system had been put in place and the food was checked prior to leaving the kitchen but it was not stirred so the chunks of brussel sprouts were not visible. She confirmed that the chunks were not safe for residents on a minced diet and posed a choking risk.

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs
Specifically failed to comply with the following subsections:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
 - (b) the identification of any risks related to nutrition care and dietary services and hydration;
 - (c) the implementation of interventions to mitigate and manage those risks;
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
 - (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. On September 21, 2011 at 18:34 and September 22, 2011 at 15:30, the home's Dietary and Nutrition policy manual was reviewed, in the conference room, to determine if it included the development of and implementation of required policies. It was noted that policies and procedures are not available to guide staff on all aspects of dietary services, nutrition care and hydration. Additionally, there was no evidence to support that the home's Registered Dietitian had been involved with the development and implementation of all the policies and procedures.

On September 22, 2011 at 15:53 a staff interview was conducted with the Nutrition Manager and the Administrator, in the Nutrition Manager's office, to query whether the Registered Dietitian for the home had been involved in the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration. The Nutrition Manager confirmed that the home's Registered Dietitian had not been involved with the development and implementation of all the policies and procedures available and that all the necessary policies and procedures were not available to guide staff.

[O. Reg 79/10, s. 68 (2) a]

Additional Required Actions:

CO # - 003, 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following subsections:

- s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
- (a) three meals daily;
 - (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
 - (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. On September 21, 2011 at 19:30, the evening snack cart was observed in a hallway and it was noted that 2 residents were not offered a snack or beverage.

On September 21, 2011 at 19:35, a staff interview was conducted, with a Personal Support Worker who was handing out snacks and beverages after dinner to query why all residents were not being offered a snack and beverage. She indicated that any residents who are sleeping are not wakened and therefore, they are not offered a snack or beverage. She confirmed that seven residents had not been offered a beverage or snack that evening.

[O. Reg 79/10, s. 71 (3) b and c]

Additional Required Actions:

CO # - 005, 006 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production
Specifically failed to comply with the following subsections:**

- 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).**

Findings/Faits saillants :

1. On September 22, 2011 at 9:10, standardized recipes were reviewed, in the kitchen, with the Administrator and Nutrition Manager. A recipe could not be located for cabbage rolls nor texture modified cabbage rolls. Additionally, a recipe could not be found for cucumber salad nor texture modified cucumber salad.

On September 22, 2011 at 9:15, a staff interview was conducted with the Nutrition Manager, in the kitchen, to determine if standardized recipes were available to guide food production for all menu items. She confirmed that standardized recipes were not available for all menu items including cabbage rolls and cucumber salad nor recipes for the minced texture of either food item.

She also acknowledged that the minced brussel sprouts recipe was not followed for the supper meal on September 21, 2011. It guides staff to texture modify the brussel sprouts to a ground beef consistency. The chunks of brussel sprouts found in the minced brussel sprouts were much larger than a ground beef consistency.

On September 21, 2011 at 10:49, a staff interview was conducted with the new Nutrition Manager, in her office, to determine if progress had been made in terms of food production. She indicated that she has made a list of things that still have to be done including creation of production sheets to guide staff in food production.

2. On September 21, 2011 at 12:26 and 12:35, the food for the lunch meal was observed in two dining room serveries. It was observed that there were no minced texture cabbage rolls or minced texture cucumber salad available to serve to residents on minced texture diets. The menu stated that minced texture cabbage rolls and minced texture cucumber salad was to be served. The whole cabbage rolls and chopped cucumber salad posed a choking risk.

On September 21, 2011 at 12:30, a staff interview was held with the Nutrition Manager, in a servery, to query why there were no minced cabbage rolls available. She confirmed that that the menu had not been followed. The planned menu stated that the cabbage rolls and cucumber salad were to be minced.

[O. Reg 79/10, s. 72(2) c and d]



Ministry of Health and
Long-Term Care

Inspection Report under
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Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Additional Required Actions:

CO # - 007, 008, 009 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 29th day of September, 2011

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

A handwritten signature in cursive script that reads "Ruth Hildebrand".



**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

**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**

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	RUTH HILDEBRAND (128)
Inspection No. / No de l'inspection :	2011_087128_0022
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Sep 21, 22, 26, 28, 29, 2011
Licensee / Titulaire de permis :	COPPER TERRACE LIMITED 284 CENTRAL AVENUE, LONDON, ON, N6B-2C8
LTC Home / Foyer de SLD :	COPPER TERRACE 91 TECUMSEH ROAD, CHATHAM, ON, N7M-1B3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	TAMI GILLIER

To COPPER TERRACE LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Order / Ordre :

The licensee must ensure that residents are provided with food and fluids that are safe.

A monitoring system must be put in place to ensure that all texture modified food, for each meal and snack, is checked prior to leaving the kitchen to ensure that it does not pose a choking risk.

Grounds / Motifs :

1. On September 21, 2011 at 12:26, the food for the lunch meal was observed in a dining room servery where it was observed that there was no minced texture cabbage rolls to serve to residents on a minced texture diet. The Dietary Aide in the servery indicated that they give residents on a minced texture the whole cabbage roll and it is cut up at the table. Additionally, it was noted that the cucumber salad was in pieces that were too large to be safe for residents on a minced texture diet.

On September 21, 2011 at 12:30, a staff interview was held with the Nutrition Manager, in a servery, to query why there were no minced cabbage rolls available. She confirmed that serving whole cabbage rolls was a choking risk for residents on a minced texture and that the menu indicated that minced cabbage rolls were to be served. She also confirmed that the chopped cucumber salad available for minced diets was a choking risk. The Nutrition Manager stated that the staff had received training related to what constituted a minced texture at the August 31, 2011 dietary staff meeting.

On September 21, 2011 at 12:35, the food for the lunch meal was observed in a dining room servery and it was also observed that there were no minced texture cabbage rolls available to serve to residents on a minced texture diet. The Dietary Aide in the servery stated "we will be cutting the cabbage rolls as we go". It was also noted that the cucumber salad was a potential choking risk for residents on a minced texture diet.

On September 21, 2011 at 17:15, the food for the supper meal was observed in a dining room servery where it was noted that the brussel sprouts for residents on a minced texture diet posed a choking risk. The brussel sprouts were an unsafe texture despite a monitoring system being implemented by the home, at the MOHLTC's direction, where the texture modified food was checked prior to the food leaving the kitchen.

On September 21, 2011 at 17:17, a staff interview was held with the Nutrition Manager, in a servery, to query whether a monitoring system had been initiated, as directed by the MOHLTC that afternoon. She confirmed that a monitoring system had been put in place and the food was checked prior to leaving the kitchen but it was not stirred so the chunks of brussel sprouts were not visible. She confirmed that the chunks were not safe for residents on a minced diet and posed a choking risk. (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 29, 2011



**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

Order # / Ordre no :	004	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Order / Ordre :

The licensee must prepare, submit and implement a plan for achieving compliance to ensure that the nutrition and hydration programs include the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Grounds / Motifs :

1. On September 21, 2011 at 18:34 and September 22, 2011 at 15:30, the home's Dietary and Nutrition policy manual was reviewed, in the conference room, to determine if it included the development of and implementation of required policies. It was noted that policies and procedures are not available to guide staff on all aspects of dietary services, nutrition care and hydration. Additionally, there was no evidence to support that the home's Registered Dietitian had been involved with the development and implementation of all the policies and procedures.

On September 22, 2011 at 15:53 a staff interview was conducted with the Nutrition Manager and the Administrator, in the Nutrition Manager's office, to query whether the Registered Dietitian for the home had been involved in the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration. The Nutrition Manager confirmed that the home's Registered Dietitian had not been involved with the development and implementation of all the policies and procedures available and that all the necessary policies and procedures were not available to guide staff.

[O. Reg 79/10, s. 68 (2) a] (128)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** Oct 05, 2011



**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

Order # /
Ordre no : 006 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee must prepare, submit and implement a plan to ensure that each resident is offered a minimum of a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and a snack in the afternoon and evening.

Grounds / Motifs :

1. On September 21, 2011 at 19:30, the evening after dinner snack cart was observed in a hallway and it was noted that 2 residents were not offered a snack or beverage.

On September 21, 2011 at 19:35, a staff interview was conducted, in a hallway, with a Personal Support Worker who was handing out snacks and beverages after dinner to query why all residents were not being offered a snack and beverage. She indicated that any residents who are sleeping are not wakened and therefore, they are not offered a snack or beverage. She confirmed that seven residents had not been offered a beverage or snack that evening.

[O. Reg. 79/10, s. 71 (3) b and c] (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 05, 2011



**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

Order # /
Ordre no : 007 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

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 licensee must ensure that the food production system must, at a minimum, provide for, standardized recipes and production sheets for all menus.

Grounds / Motifs :

1. On September 22, 2011 at 9:10, standardized recipes were reviewed, in the kitchen, with the Administrator and Nutrition Manager. A recipe could not be located for cabbage rolls nor texture modified cabbage rolls. Additionally, a recipe could not be found for cucumber salad nor texture modified cucumber salad. On September 22, 2011 at 9:15, a staff interview was conducted with the Nutrition Manager, in the kitchen, to determine if standardized recipes were available to guide food production for all menu items. She confirmed that standardized recipes were not available for all menu items including cabbage rolls and cucumber salad nor recipes for the minced texture of either food item. She also acknowledged that the minced brussel sprouts recipe was not followed for the supper meal on September 21, 2011. It guides staff to texture modify the brussel sprouts to a ground beef consistency. The chunks of brussel sprouts found in the minced brussel sprouts were much larger than a ground beef consistency.

On September 21, 2011 at 10:49, a staff interview was conducted with the new Nutrition Manager, in her office, to determine if progress had been made in terms of food production. She indicated that she has made a list of things that still have to be done including creation of production sheets to guide staff in food production.

[O. Reg 79/10,s.72(2)c] (128)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2011

Order # /
Ordre no : 008 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :



**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

- 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 licensee must prepare, submit and implement a plan for achieving compliance to ensure that the food production system must, at a minimum, provide for, standardized recipes and production sheets for all menus.

Grounds / Motifs :

1. On September 21, 2011 at 12:26 and 12:35, the food for the lunch meal was observed, in two dining room serveries. It was observed that there were no minced texture cabbage rolls or minced texture cucumber salad available to serve to residents on minced texture diets. The menu stated that minced texture cabbage rolls and minced texture cucumber salad was to be served. The whole cabbage rolls and chopped cucumber salad posed a choking risk.

On September 21, 2011 at 12:30, a staff interview was held with the Nutrition Manager to query why there were no minced cabbage rolls available. She confirmed that the menu had not been followed. The planned menu stated that the cabbage rolls and cucumber salad were to be minced. (128)

2. On September 22, 2011 at 9:10, standardized recipes were reviewed, in the kitchen, with the Administrator and Nutrition Manager. A recipe could not be located for cabbage rolls nor texture modified cabbage rolls. Additionally, a recipe could not be found for cucumber salad nor texture modified cucumber salad.

On September 22, 2011 at 9:15, a staff interview was conducted with the Nutrition Manager, in the kitchen, to determine if standardized recipes were available to guide food production for all menu items. She confirmed that standardized recipes were not available for all menu items including cabbage rolls and cucumber salad nor recipes for the minced texture of either food item.

She also acknowledged that the minced brussel sprouts recipe was not followed for the supper meal on September 21, 2011. It guides staff to texture modify the brussel sprouts to a ground beef consistency. The chunks of brussel sprouts found in the minced brussel sprouts were much larger than a ground beef consistency.

On September 21, 2011 at 10:49, a staff interview was conducted with the new Nutrition Manager, in her office, to determine if progress had been made in terms of food production. She indicated that she has made a list of things that still have to be done including creation of production sheets to guide staff in food production.

[O. Reg 79/10,s.72(2) c and d] (128)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 05, 2011



**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

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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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**

**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*

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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8^e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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, 9^e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8^e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 29th day of September, 2011

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

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

RUTH HILDEBRAND

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

London Service Area Office