



**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

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**Ministère de la Santé et des Soins de
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 26-27, 2010	2010_135_2576_29Oct.085654	L-01666-Dietary Follow Up
Licensee/Titulaire Grosvenor Health Care Partnership (No. 4) , 150 Water Street South, Cambridge N1R 3E2		
Long-Term Care Home/Foyer de soins de longue durée Country Village Health Care Centre, 440 County Road 8, R.R. #2, Woodslee Ontario, N0R 1V0		
Name of Inspector(s)/Nom de l'inspecteur(s) Bonnie MacDonald #135		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Dietary Follow-Up inspection in respect to the Long Term Care Homes Program Manual Standards and Criteria previously identified as P1.23 issued August 2007 and 2008 and B3.23, B3.25, B3.33, M1.7, P1.27, P1.29 issued August 2007.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Director of Care, RAI Coordinator, Food Services Manager, Dietitian, Registered Nursing staff, Dietary staff, and Residents. A review of resident records was completed. Dinner and lunch services were observed in the Willows and Hillside dining rooms and afternoon snack service was observed for 2nd floor Home area.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Food Quality Dining Observations Snack Observation Nutrition and Hydration</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: WN=11 VPC=9</p> <p>Corrected Non-Compliance are listed in the section titled Corrected Non-Compliance</p>		

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 O.Reg. 79/10, s. 8(1)(b)

Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, and (b) is complied with.

Findings:

1. High risk resident for dehydration, was not provided double fluids at lunch or snack Oct. 26/10, as per the Homes' Hydration Policy LTC-H-130. Second floor staff, interviewed during snack service were not aware of the double fluid intervention.

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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, ensuring policies are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007,S.O. 2007, c.8, s. 6(11)(b)

When a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:

1. Oct.16-25, 2010 resident, at high risk for dehydration had an average fluid intake of 502 mls./day; 37.9% of their daily fluid requirement of 1325 mls./day. Resident has not been reassessed or different approaches considered.

2. Oct, 6-11, 2010 resident, at high risk for dehydration had an average daily fluid intake of 758 mls./day. Resident has not been reassessed, nor has the plan of care been revised, since April 29, 2010 for ongoing poor fluid intake of less than 1000 mls./day for 3 consecutive days.

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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, ensuring when care set out in the plan has not been effective different approaches are considered and revisions are made to the plan of care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(4)(b)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Findings:

1. Resident's Plan of Care states; refer to Dietitian when resident is consistently taking inadequate amounts of fluids. Oct. 6-11, 2010, resident's daily average fluid intake was 758mls/day or 64.9% of the resident's daily fluid requirement of 1168 mls./day. Resident was last referred to the homes' Dietitian for low fluid intake April 29, 2010.
2. Homes hydration policy LTC-H-130 states that high risk residents will have a "push fluids" notation on the daily report for the multidisciplinary teams to be aware resident "on push fluid" intervention was not on the list for Oct. 27, 2010.
3. Resident was assessed by nursing staff for osteoporosis and was not assessed by the homes' Dietitian for osteoporosis.

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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, ensuring that staff collaborate with each other in the development and implementation of the plan of care so that different aspects of care are integrated, consistent and complement each other, to be implemented voluntarily.

WN #4: 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's of Care indicates resident is "push fluids" at all meals and snacks. Oct. 26/10, Pm. snack service, resident was not offered 125 mls of water as per the homes' hydration policy LTC-H-130 for residents at risk for chronic low fluid intake. Pm. Snack service Oct. 26/10, resident was provided honey thickened juice. Resident's plan of care does not specify honey thick fluids.
2. Pm. Snack service Oct. 26/10, resident, at high risk for weight loss and dehydration did not receive honey thick fluids or puree snack as per her Plan of Care.
3. Resident's, Plan of Care states; encourage resident's intake of dairy products and cereals enriched with calcium and vitamin D. This does not appear on the Dining Serving Report Dietary staff use to serve meals to resident. Resident was not encouraged to consume milk products during lunch meal service Oct.26 and Oct. 27, 2010.
4. October 26, 2010 Pm. Snack service, High Risk Resident, was provided thin fluids; their plan of care indicates resident to have honey thick fluids.

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Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, ensuring care set out in the plan is provided as specified, to be implemented voluntarily.	

WN #5: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 86(2)(b) The infection prevention and control program must include measures to prevent the transmission of infections.	
Findings: 1. Lunch October 26, 2010 in Willows dining room, staff member was observed assisting residents with dessert selections; without evidence of hand hygiene after handling dirty dishes. 2. Dinner October 26, 2010 in Hillside Dining room, staff member was observed assisting and feeding residents; without evidence of hand hygiene after handling dirty dishes.	
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Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, ensuring measures are taken to prevent transmission of infections, to be implemented voluntarily.	

WN #6: The Licensee has failed to comply with O.Reg. 79/10, 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.	
Findings: 1. Resident, at high risk for weight loss and dehydration did not have Pm. puree snack intervention documented for 21 days in Sept. 2010.	
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WN #7: The Licensee has failed to comply with O.Reg. 79/10, s. 71(1)(e) Every licensee of a long-term care home shall ensure that the home's menu cycle, (e) is approved by a registered dietitian who is a member of the staff of the home.	
Findings: 1. The home's menu cycle for 2010 has not been approved by the Home's Dietitian.	
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**WN #8: The Licensee has failed to comply with O. Reg. 79/10, s. 71(3)(b)(c)
The licensee shall ensure that each resident is offered a minimum of,
(b) A between-meal beverage in the morning and afternoon and a beverage in the evening after dinner.
(c) A snack in the afternoon and evening.**

Findings:

1. Pm. Snack service Oct. 26/10, resident at risk of dehydration was not offered beverage as per their plan of care; or 125 mls. of water as per the Homes' hydration policy LTC-H-130.
2. Pm. Snack service, 2nd floor Oct. 26/10, high risk resident, was not offered beverage.
3. Pm. Snack service Oct. 26/10 on 2nd floor three high risk residents were not offered snack:

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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, ensuring that residents are offered between meal beverages and snacks in the afternoon, to be implemented voluntarily.

**WN #9: The Licensee has failed to comply with O.Reg. 79/10, s. 71(4)
The licensee shall ensure that the planned menu items are offered and available at each meal and snack.**

Findings:

1. 2nd floor Pm. Snack service Oct. 26/10, the following menu items were not available on the snack cart: Snicker doodle cookies, milkshakes for high risk residents, and Banana.

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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, ensuring that menu items are available at snack, to be implemented voluntarily.

**WN #10: The Licensee has failed to comply with O.Reg. 79/10, s. 71(1)5,10
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:
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**

Findings:

1. Dinner Oct. 26/10 in Hillside dining room, the following diets were incorrect:
high risk resident received regular textured diet; resident's Plan of Care specifies minced texture diet. Resident on minced textured diet, received puree dessert and did not receive puree bread as per their Plan of Care.
2. 2nd floor Pm. Snack service Oct. 26/10, two high risk residents were not safely positioned for Feeding.



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Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 staff assisting residents with meals or snacks are aware of residents diets and special needs and residents are safely positioned for snack service, to be implemented voluntarily.	

WN #11: The Licensee has failed to comply with O.Reg. 79/10, s. 73(2)(b) The licensee shall ensure that, 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.	
Findings: 1. Dinner service Oct.26/10 Hillside Dining room, the following high risk residents requiring total assistance with meals were not provided assistance at time of service: Resident was served their entrée at 5:20 pm. and provided assistance to eat at 5:30 pm. Resident was served their entrée at 5:25 pm. and provided assistance to eat at 5:35 pm. 2. Lunch service Oct. 27/10 Hillside dining room, high risk resident, who requires total assistance with meals; was served their entrée at 12:25 pm. and was provided assistance to eat at 12:35 pm.	
Inspector ID #:	135
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, ensuring residents are provided assistance to eat or drink when meals are served, to be implemented voluntarily.	

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.23 LTC. Homes Program manual now found in O. Reg. 79/10, s. 73(1)6.	Unmet criterion		Dietary Follow up August 2007 and 2008	135
P1.27 LTC Homes Program manual now found in LTCHA, 2007, S.O. 2007, c.8, s 11.(1)(a)	Unmet criterion		Dietary Follow up August 2007	135
M1.7 LTC. Homes Program manual	Unmet criterion		Dietary Follow up August 2007	135



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Rapport
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le *Loi de 2007 les
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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. <i>Bonnie MacDowd</i> December 10/10
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).