



**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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Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 3, 4, 2010	2010-165-9611-03Nov115044	Follow up H-02764

**Licensee/Titulaire**  
The Regional Municipality of Niagara  
2201 St. David's Road  
Thorold, ON  
L2V 4T7

**Long-Term Care Home/Foyer de soins de longue durée**  
Deer Park Villa  
150 Central Avenue  
Grimsby, ON  
L3M 4Z3

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

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a follow up inspection to previously issued areas of non-compliance related to the Homes for the Aged and Rest Homes Act chapter H.13, Section 19.5 (a)(c) previously issued as unmet criteria B3.24, previously issued unmet criteria related to the Long Term Care Facilities Program Manual P1.27, P1.4, P1.8.

During the course of the inspection, the inspector spoke with: the administrator, the registered staff, the nursing staff, dietary staff, evening food supervisor, food service supervisor, the dietitian, residents and family members.

During the course of the inspection, the inspector: observed lunch meal service, reviewed residents clinical records, reviewed production sheets/therapeutic sheets, and policies.

The following Inspection Protocols were used during this inspection: dining observation, food quality and nutrition and hydration.

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

6 WN  
2 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

**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. The plan of care for an identified resident indicates that the resident will be weighed bi-weekly with weights available to the dietitian to assess however; there is no evidence that bi-weekly weights were taken and recorded. Interviews with both the nursing staff and dietitian confirm weights were incomplete and not available for assessment.

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**WN #2: 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. An identified resident receives a texture modified diet however; the resident did not receive choice from the planned menu despite family members being present during the lunch meals November 3rd and 4th, 2010 to assist with preferences. Staff and a family member interviewed confirmed that choice is not offered at meals. The resident serving list indicates visual choice.

**Inspector ID #:** 165

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

The food production system must, at a minimum, provide for, preparation of all menu items according to the planned menu.

**Findings:**

- Menu items indicated on the therapeutic menu were not prepared. For example;
1. Puree ham and puree bread were prepared instead of the puree hotdogs and puree potato salad as

indicated on the therapeutic menu during the lunch meal November 4, 2010. It is noted that cold ham and pureed bread was prepared and served for the previous lunch meal November 3, 2010.

2. Minced mandarin oranges were not prepared as indicated on the therapeutic menu November 3, 2010

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**WN #4: 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 is complied with.**

**Findings:**

Nursing staff of the home did not follow their procedure related to food and fluid intake policy C030528. The procedure requires staff to indicate the dehydration risk and "encourage fluids" on the food and fluid sheet assess the resident for signs and symptoms of dehydration and document these findings in the residents chart. This procedure was not followed as evidenced by:

1. There was no indication that an identified resident was deemed to be at dehydration risk on the food and fluid flow sheet, there was no assessment of the resident for signs and symptoms of dehydration and documentation of these findings in the residents chart, and indication of interventions to "encourage fluids" was not indicated on the food and fluid sheets despite fluid intake of <1200ml on October 18, 19, 20, 21, 2010.
2. There was no indication that an identified resident was deemed to be at dehydration risk on the food and fluid flow sheet, there was no assessment of the resident for signs and symptoms of dehydration and documentation of these findings in the residents chart, and indication of interventions to "encourage fluids" was not indicated on the food and fluid sheets despite fluid intake of <1200ml on October 6,7, 8, 2010.
3. There was no indication that an identified resident was deemed to be at dehydration risk critical on the food and fluid flow sheet, there was no assessment of the resident for signs and symptoms of dehydration and documentation of these findings in the residents chart, and indication of interventions to "encourage fluids" was not indicated on the food and fluid sheets despite documentation by the Dietitian on the dehydration resident assessment protocol (RAP) October 1, 2010 deeming the resident dehydration risk critical and actual fluid intake of <1200ml on September 29, 30, October 1,2, 2010.

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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 to ensure that where the long-term care home is 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 is complied with, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg.79/10, s.71(1)(c)(g)**

**Every licensee of a long-term care home shall ensure that the home's menu cycle, (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner; (g) is reviewed and updated at least annually.**

**Findings:**

1. There is no alternate vegetable indicated on the homes Winter/Spring menu cycle for the lunch meal Wednesday week 2.
2. The home's menu has not been reviewed and updated at least annually. The home's Dietitian indicated that she has not been provided the nourishment and therapeutic menus for the Winter/Spring menu 2010 to review and update, and both the Dietitian and Administrator have confirmed that the last review of the menu by the Dietitian was completed in May 2009. Recommendations by the Dietitian on the home's menu approval and review tool completed for the winter/spring 2008/2009 menu were not updated on the home's menu at the time of the Dietitian's review and the home's menu since has not been reviewed and updated.

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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 to ensure that the home's menu cycle includes alternative choices of entrée, vegetables and desserts at lunch and dinner and is reviewed and updated at least annually, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with O.Reg.79/10, s.71(2)(b)**

**The licensee shall ensure that each menu, provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time.**

**Findings:**

1. The current menu does not minimize repetition and lacks variety. The current Winter/Spring menu 2010 indicates: Fish menu items three days in a row (week1); chicken or turkey menu items six times in seven days (week1); beef/veal menu items five times in three days (week 1); beef/veal menu items eight times in six days with beef/veal being served at both lunch and supper meals on three different days (week2).
2. The menu review and approval tool completed by the home's Dietitian May 27, 2009 did not include approval related to minimum repetition of menu items meal to meal, day to day and week to week and identified repetition within the menu cycle.

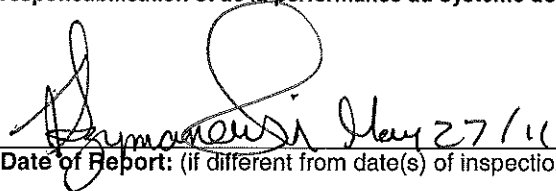
**Inspector ID #:** 165

**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 each menu provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide, to be implemented voluntarily.



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Homes for the Aged and Rest Homes Act chapter H.13, Section 19.5 (a)(c) previously issued as unmet criterion B3.24.			Nutrition referral April 2009	165
Long Term Care Facilities Program Manual previously issued as unmet criterion P1.27			Nutrition referral April 2009	165

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.	
Title: _____ Date: _____		 Date of Report: (if different from date(s) of inspection).	