



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 13, 2014	2014_183135_0010	L-000101-14	Complaint

**Licensee/Titulaire de permis**

**ATK CARE INC.  
1386 INDIAN GROVE, MISSISSAUGA, ON, L5H-2S6**

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

**EXETER VILLA  
155 JOHN STREET EAST, EXETER, ON, N0M-1S1**

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

**BONNIE MACDONALD (135)**

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 6, 2014.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Registered Dietitian, Support Services Supervisor, Health Care Aide, 2 cooks, Dietary Aide, and 4 Residents.**

**During the course of the inspection, the inspector(s) reviewed resident clinical records, food production records and policies and procedures related to Nutrition and Food services. Observation were made in Food Service areas and during morning snack and lunch meal services.**

**The following Inspection Protocols were used during this inspection:**



Dining Observation  
Food Quality  
Infection Prevention and Control  
Nutrition and Hydration  
Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 6. Plan of care**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 6 (7).**



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**Findings/Faits saillants :**

1. The licensee failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan as evidenced by the following:

Record review for resident revealed resident had not been provided thick fluids on October 8, 2013, December 16 and 31, 2013, as per the resident's nutritional diet order for thick fluids.

In an interview the home's Dietitian (RD) confirmed her expectation that residents are provided safe fluids.

During an interview the Support Service Supervisor confirmed her expectation that care set out in the plan of care provided to the resident as specified in the plan. [S. 6. (7)]

***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 care set out in the plan of care is provided to the resident as specified in the plan related to thickened fluids, to be implemented voluntarily.***

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**WN #2: 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:**

**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).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied when the following occurred:

During lunch observations with the home's Dietitian (RD) February 6, 2014, it was observed that residents on a minced diet received the regular textured stewed tomatoes with large chunks of tomato.

In an interview the Dietitian (RD) shared her expectations that minced textured foods have a "relish like consistency" and the stewed tomatoes were not the correct consistency for the minced diets.

During an interview the Support Service Supervisor confirmed her expectation that the residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. [. 11. (2)]

***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 the residents are provided with food and fluids that are safe, to be implemented voluntarily.***

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



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**Specifically failed to comply with the following:**

**s. 71. (1) 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; O. Reg. 79/10, s. 71 (1).**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,**

**(f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71 (1).**

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure the home's fall/winter menu cycle was approved by a registered dietitian who is a member of the staff of the home as evidenced by:

During an interview the home's Dietitian confirmed she had not approved the home's fall/winter menu cycle that began in the fall of 2013.

During an interview the Support Service Supervisor confirmed her expectation that the menu cycle is approved by a registered dietitian who is a member of the staff of the home. [s. 71. (1) (e)]

2. The Licensee failed to ensure that the home's fall/winter menu cycle was reviewed by the Residents' Council as evidenced by:

Record review revealed the home's fall/winter menu cycle had not been reviewed by the Resident's Council for their input.

During an interview the Support Service Supervisor confirmed her expectation that the menu cycle is reviewed and approved by the Resident's Council for their input into the menu. [s. 71. (1) (f)]

3. The licensee failed to ensure that the planned menu items are offered and available at each snack when the following was observed:

During Morning Snack service February 6, 2014, it was observed that the Tropical Juice was not provided to residents as per the menu.

In an interview Dietary staff confirmed that the juice was not on the cart at the time of service to residents.

During an interview the Support Service Supervisor confirmed her expectation that the planned menu items are offered and available at each snack service. [s. 71. (4)]





***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 the home's menu cycles are approved by a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.***

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

**Specifically failed to comply with the following:**

**s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

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**Findings/Faits saillants :**

1. The Licensee failed to ensure there are standardized recipes and production sheets for all menus when the following was observed:

Record review revealed that from February 3, 2014, to February 5, 2014, 24 standardized lunch and dinner recipes were not available to direct staff in the preparation of meals.

It was also noted from February 3, 2014, to February 5, 2014, there was no breakdown of food production amounts for Nursing Home and Retirement Home.

During an interview the Support Service Supervisor confirmed her expectation that standardized recipes and production sheets are available for all menus to guide staff in meal preparation. [s. 72. (2) (c)]



***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 there are standardized recipes and production sheets for all menus to guide staff in food production, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (1) 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. O. Reg. 79/10, s. 73 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure there was process in place to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences when the following was observed:

During Morning Snack service February 6, 2014, it was observed that staff serving residents beverages and snacks did not have a fall/winter therapeutic snack menu to reference according to the resident's diet types.

During an interview the Support Service Supervisor confirmed her expectation that there is a process in place to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.  
[s. 73. (1) 5.]





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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 there is a process in place to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) 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,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place, is complied with when the following occurred:

During Morning Snack service and Lunch service February 6, 2014, staff member was observed not wearing a uniform as per the home's Dietary policy while working in the kitchen preparing food for snack cart and serving residents their beverages at lunch.

During an interview the Support Service Supervisor confirmed her expectation that staff wear uniforms while working in the kitchen as part of the home's infection prevention and control program. [s. 8. (1)]

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Issued on this 13th day of February, 2014

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

Bonnie MacDonald