Ontario

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 3, 2012	2012_108110_0027	T-00222-12	Complaint

Licensee/Titulaire de permis

CHARTWELL MASTER CARE LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

THE GIBSON LONG TERM CARE CENTRE
1925 STEELES AVENUE EAST, NORTH YORK, ON, M2H-2H3

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

DIANE BROWN (110)

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): November 20th and 21st, 2012

During the course of the inspection, the inspector(s) spoke with Director of Resident Services, Dietary Manager (DM), Registered Staff, Registered Dietitian (RD), Personal Support Workers (PSW), Food Service Workers (FSW), Residents

During the course of the inspection, the inspector(s) Reviewed resident health records, relevant home policies and menu, meal and snack service

This inspection relates to LOG #T-00222-12

The following Inspection Protocols were used during this inspection:
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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(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. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that there was collaboration in the development and implementation of the plan of care for resident #001 so that the different aspects of care are integrated and are consistent with and complement each other.
Resident #001, an insulin dependent diabetic, does not go to the dining room for breakfast as this resident prefers to sleep in. This preference has been in effect for approximately 1 year but is not identified on the resident's written plan of care. Resident interview reveals that she keeps her crackers and cheese from the night before to have in the morning as no breakfast tray is provided. Nursing staff and food service workers confirm that resident does not get a tray for breakfast. Interview with Registered staff stated that resident has her own food for when she wakes up but was unable to identify what food this resident had available. Interviews with the Food Service Supervisor and Registered Dietitian revealed that they thought resident received a tray to her room at breakfast and were unaware that resident did not have a planned breakfast. [s. 6. (4) (b)]

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 the collaboration in the development and implementation of the plan of care for resident #001, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (a) three meals daily; O. Reg. 79/10, s. 71 (3).

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).

Findings/Faits saillants :

1. The licensee failed to ensure a minimum of three meals are offered daily to resident #001.
Resident #001, an insulin dependent diabetic, does not go to the dining room for breakfast as this resident prefers to sleep in. This preference has been in effect for approximately 1 year but is not identified on the resident's written plan of care. Resident interview reveals that she keeps her crackers and cheese from the night before to have in the morning as no breakfast tray is provided. Nursing staff and food service workers confirm that resident does not get a tray for breakfast. Interview with Registered staff stated that resident has her own food for when she wakes up but was unable to identify what food this resident had available. Interviews with the Food Service Supervisor and Registered Dietitian revealed that they thought resident received a tray to her room at breakfast and were unaware that resident did not have a planned breakfast. [s. 71. (3) (a)]

2. The licensee did not ensure that the planned menu items are offered at each snack. On November 20th, 2012 at the afternoon (pm) snack a PSW serving was observed and confirmed through interview to offer diabetic residents a snack half the portion size of the regular snack serving. On this day diabetic residents were offered 1 cookie. The planned snack menu required staff to offer 2 cookies to diabetic residents. [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 to ensure that a minimum of three meals are offered to residents daily, to be implemented voluntarily.

Issued on this 5th day of December, 2012

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

Diane Brown