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

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

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4iém étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 17, 2015	2015_288549_0009	O-000782-13, O-001638-15	Complaint

Licensee/Titulaire de permis

NEW ORCHARD LODGE LIMITED
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE OTTAWA ON K2C 3S1

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

RENA BOWEN (549)

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): March 25, 26 and April 1, 2015

During the course of the inspection, the inspector(s) spoke with several Registered Nurses(RN), a Food Services Supervisor, the Support Services Manager, the Physiotherapist, a Restorative Care Aide(RCA), several Personal Support Workers (PSW), a Physician, the Assistant Director of Care(ADOC), the Director of Care (DOC) and the Administrator. The inspector reviewed several resident health care records including the Medication Administration records, the Resident Daily Food and Fluid Intake form for a specific period, e-mails addressed to the Administrator, hospital Emergency Treatment Records, Palliative Pain and Symptom Management Consultation report, Inspection Report 2014_288549_0045 and 2015_288549_0004.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Medication
Nutrition and Hydration
Personal Support Services
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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 O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee has failed to 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.

O. Reg 79.10 s. 68. (2) (d) requires the home to have a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration

Resident #2 was assessed by the Registered Dietitian on a specific date in July 2013. The Registered Dietitian indicated in the resident's progress notes that staff needs to encourage/prompt resident to drink fluids as the resident is prone to dehydration.

The plan of care at that time indicates that Resident #2's intake is to be monitored.

During an interview the Food Services Supervisor S#102 indicated to Inspector #549 that the home's food and fluid intake monitoring and evaluating system includes daily documentation of food and fluid intake for each resident on the Resident Daily Food and Fluid Intake form.

The Food Services Supervisor S#102 also indicated to the inspector that it is the responsibility of the Personal Support Worker to complete the Food and Fluid Intake form for their assigned residents.

Resident #2's progress notes for a specific date in August 2013 signed by RN S#100 indicated that the POA requested to see the Food and Fluid Intake form for the month of August 2013. RN S#100 could only locate the Food and Fluid Intake form for the month of July 2013.

RN S#100 indicated that she could not locate a Food and Fluid Intake form for Resident #2 for the month of August 2013 when the POA requested to see it.

The August 2013 Food and Fluid Intake form was initiated on a specific date in August by RN S#100 after being unable to locate one for Resident #2.

The home is unable to provide the inspector with a Resident Daily Food and Fluid Intake form for Resident #2 for the specific time period in August 2013.

Inspector #549 reviewed Resident #2's Food and Fluid Intake form for August, September and October 2013. It is noted by the inspector that there is no documentation

on the Food and Fluid Intake form for a specific day in August, several days in September and several days in October 2013 indicating any food or fluid intake for the afternoon snack, dinner and night time snack. There is no documentation of any food or fluid intake for the entire day on two specific days in September 2013. There is no documentation indicating any food or fluid intake for the morning nourishment for several days in August ,several days in September and several days in October 2013

The ADOC, RN S#100 and RN S#101 confirmed that the Personal Support Workers are responsible for documenting on the Resident Daily Food and Fluid Intake form after each meal and snack the amount of food and fluid intake or if the resident refuses, is sleeping, in hospital or on a leave of absence.

The DOC and the ADOC indicated to Inspector #549 that the home's expectation is that all residents will have their daily food and fluid intake amount documented on the Resident Daily Food and Fluid Intake form. The documentation will include if the resident refuses, is sleeping, in hospital or on a leave of absence. [s. 30. (2)]

Issued on this 17th day of April, 2015

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

Original report signed by the inspector.