



**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**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 2, 2010	2010_128_8593_02Dec101314	L-01797 –Dietary Follow-up

Licensee/Titulaire
Tri-County Mennonite Homes, 200 Boullee St., New Hamburg, ON N3A 2K4

Long-Term Care Home/Foyer de soins de longue durée
Greenwood Court,90 Greenwood Drive, Stratford, ON N5A 7W5

Name of Inspector(s)/Nom de l'inspecteur(s)
Ruth Hildebrand (ID #128)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Dietary inspection to follow-up on an issue identified at a dietary review conducted in January 2010.
The following previously identified Unmet Criterion from the Program Manual that applied when the Home was governed by the Charitable Institutions Act was identified:
P1.14 as related to food production.

During the course of the inspection, the inspector spoke with the Administrator, Nutrition Manager, Registered Dietitian and Assistant Director of Nutrition Services/Cook.

During the course of the inspection, the inspector reviewed therapeutic menus, diet lists, food production sheets, and standardized recipes.

The following Inspection Protocols were used in part or in whole during this inspection:

- Food Quality

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

1 WN
1 VPC

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. 72(2)(c)

(2)The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus

Findings:

The home does not have standardized recipes available for all menu items, in the quantities required for all therapeutic modified diets.

Production sheets do not include food to be prepared for residents on Low Fat and Restricted Lactose diets to ensure that an alternate entrée, vegetable and dessert is available for residents on these diets.

The production sheets have not been filled in for the total production numbers required, including residents and non-residents.

The Nutrition Manager confirmed that standardized recipes and production sheets are not available in required quantities, including food for non-residents and all items required for therapeutic diets/menus.

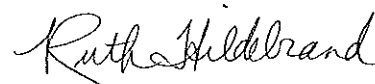
Additional Required Actions:

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 standardized recipes and production sheets are available for all menus, to be implemented voluntarily.

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.

December 7, 2010



Title:

Date:

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