

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 6, 2021	2021_617148_0025	018561-21	Other

Licensee/Titulaire de permis

Arnprior Regional Health
350 John Street North Arnprior ON K7S 2P6

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

The Grove Nursing Home
274 Ida Street North Arnprior ON K7S 3M7

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

AMANDA NIXON (148), JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): November 24, 25 and 29, 2021

This inspection was related to the post occupancy.

During the course of the inspection, the inspector(s) spoke with the Interim Administrator/VP Long-Term Care, Resident Care Manager (Director of Care), Nutritional Manager, Food Service Supervisor, Manager of Building and Environmental Services, Maintenance Supervisors, Housekeeping staff, Food Service Workers, Cooks, Registered Nurses, Registered Practical Nurse (RPN), Personal Support Workers (PSW), residents and family members.

The Inspectors reviewed resident health care records, menus, recipes and production sheets. Inspectors observed meal service, the resident care environment and non-residential areas in follow up to the pre-occupancy review requirements.

The following Inspection Protocols were used during this inspection:

Dining Observation

Infection Prevention and Control

Personal Support Services

Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home.

The Manager of Building and Environmental Services indicated that a procedure had been drafted, but not yet implemented, for measuring and documenting the required air temperatures.

When steps are not taken to measure and document the air temperatures in the specified areas of the home, it places risk on resident comfort and safety.

Sources: Interview with the Manager of Building and Environmental Services. [s. 21. (2) 1.]

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 temperature is measured and documented in writing, in at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home,, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 30. Protection from certain restraining

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

- 1. Restrained, in any way, for the convenience of the licensee or staff. 2007, c. 8, s. 30. (1).**
- 2. Restrained, in any way, as a disciplinary measure. 2007, c. 8, s. 30. (1).**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that no resident of the home was restrained by the use of locks from leaving any part of the home.

During the course of the inspection, the doors to both the Maple and Oak resident home areas were observed to be closed. These two doors are programmed to lock between the hours of 2100 hours and 0700 hours. The door locks are disengaged by coded key pad or security card.

By locking the doors of the resident home areas, residents are restrained from leaving this part of the home.

Sources: Interviews with two RPNs and the Resident Care Manager [s. 30. (1) 5.]

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

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 that the planned menu items were offered as planned at a lunch meal, specifically as it relates to the portion size.

On November 25, 2021, the two vegetable choices for regular, minced and puree texture along with the puree and minced entrees, were offered to residents at a smaller portion size than the planned menu. The portioning utensils used at the point of service, and during pre-plating procedures, were smaller than the planned menu directed.

When the menu is not provided to residents as planned there is a risk of resident nutritional needs not being met.

Sources: Observation of the meal service, the production sheet for November 25, 2021 and interviews with the Cook. [s. 71. (4)]

Issued on this 6th day of December, 2021

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

Original report signed by the inspector.