

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Original Public Report**

<b>Report Issue Date:</b> January 3, 2024	
<b>Inspection Number:</b> 2023-1204-0003	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Schlegel Villages Inc.	
<b>Long Term Care Home and City:</b> Hamilton Continuing Care, Hamilton	
<b>Lead Inspector</b> Lillian Akapong (741771)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Jennifer Allen (706480)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): December 7, 8, 11, 12, 14, 15, 18, 19, 20, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00103430 - Proactive Compliance Inspection</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration

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Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Menu Planning

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (1) (e)**

Menu planning

s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(e) includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences;

The licensee failed to ensure that the residents were offered a choice of second entrée for lunch.

#### Rational and Summary

The menu for lunch on an identified date in December 2023, included one entrée

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choice, a smoked turkey sandwich with cranberry and pecan salad.

On that day, it was observed that only one choice was offered to the residents.

Three residents were interviewed following their lunch on the identified date in December 2023. All three residents stated that they were not offered a choice of entrees and only received a sandwich for their lunch and stated they would like more choices at lunch.

The Food Service Manager (FSM) and the Dietitian acknowledged that the current Fall/Winter menu is not providing a second entrée choice to the residents at lunch. Failure to offer a choice of menu items may result in the resident's loss of dignity and meal enjoyment.

**Sources:** Observation; menu; interview with the FSM and the Dietitian.

[706480]

## **WRITTEN NOTIFICATION: Dining Service - Monitoring the Residents**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.**

Dining and snack service

s. 79 (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:

3. Monitoring of all residents during meals.

The licensee failed to ensure that the residents were monitored during the lunch meals.

### **Rationale and Summary**

On an identified date in December 2023, lunch observation was initiated at 11:50am on the third floor. Registered staff were not available on the floor or in the dining

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room at the time soup or the meal was served. The next day, lunch observation was initiated at 11:56am on the second floor dining room. No registered staff were in or near the dining room when the soup service started. Another day in December 2023, lunch observation was observed at 12:08pm. No registered staff were near the dining room when the meal service started.

The Dietitian and the DOC confirmed it is the registered staff responsibility to monitor the residents during the meal service.

Failure to ensure the resident are monitored during the meal service, places the resident at risk for aspiration and reduced intake.

**Sources:** Observations, interview with the Dietitian and the DOC.  
[706480]

## **WRITTEN NOTIFICATION: Dining Service - Food Temperature**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (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. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to comply with the policy to ensure that food was served at a temperature that was both safe and palatable to residents.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee is required to ensure the home has in place a Food Service program which includes strategies to manage food temperature control including procedures to monitor and track the food

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temperatures, and must be complied with.

Specifically, staff did not comply with the policy "Food Temperature Control Policy", last reviewed November 17, 2022.

**Rationale and Summary**

The home's Food Temperature Control policy stated that, to ensure that foods are served at acceptable temperatures, food temperature checks must be conducted daily, just prior to food leaving the kitchen, at point of service, and at the end of service.

The procedure stated that a food-testing thermometer will be available in the food service department and the food temperatures will be recorded daily on the appropriate form provided by Synergy.

On an identified date in December 2023, on the third-floor dining room, it was observed that the dietary staff did not check the food temperatures at the point of service. Another day in December 2023, no temperature check was observed to be taken of the soup for all three floors at point of service.

The temperature logs for the first day, was missing two food temperature checks for the Beef Noodle soup and the temperature checks for the Turkey sandwich were not entered at the point of service on each floor.

The temperature logs for second day was missing three temperature checks for the Manhattan Clam Chowder, only one temperature check was recorded.

Dietary Aide #118 stated they do not check the food temperatures during soup service at the point of service on the floors, it is only checked in the kitchen.

The Food Service Manager (FSM) stated that the food temperatures should be recorded at the point of service, but the staff were unable to check the temperatures as the electronic device was not available on the floors.

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Failing to record the food temperatures, the licensee does not have documentation to support that residents were served foods that were safe and palatable.

**Sources:** Food Temperature Control Policy (09-28, last reviewed 11/17/2022), temperature records and interview with Dietary Aide and the FSM. [706480]

## **WRITTEN NOTIFICATION: Dining Service - Assistive Devices**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.**

Dining and snack service

s. 79 (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:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee has failed to ensure that a resident was provided with eating aids to eat as comfortably as possible.

### **Rationale and Summary**

A resident was served their entrée. The resident's plan of care stated the resident required the total assistance of a staff member for feeding and an assistive device of a specific utensil was required due to the resident's dental condition. During the feeding process it was observed that the staff was not using the required utensil for feeding the resident for the entire feeding.

The resident's health care record was reviewed and stated that the required utensil

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was prescribed earlier this year. A Personal Support Worker (PSW) stated that they use a different utensil to feed the resident and has not used the required utensil. The Dietitian confirmed that the resident's use of the utensil is still an active intervention.

The resident was not provided with eating aids to eat as comfortably as possibly.

**Sources:** Observations and resident's health care record, interview with PSW and the Dietitian.

## **WRITTEN NOTIFICATION: Administration of drugs**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use as specified by the prescriber.

### **Rationale and Summary**

Findings from an Incident report reviewed, showed that on an identified date in June 2023, the home's physician verbally ordered that a resident's medication should be held for three days. The medication was originally held for five days but due to the resident's health status, the order was changed to three days on the identified date. A registered staff transcribed the order with no end date. The transcription

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error was discovered by the pharmacy the following month. The resident did not receive the medication for three weeks until when the transcription error was discovered.

During an Interview with the DOC, they acknowledged that the medication error occurred due to a transcription error.

The home not ensuring that the medication was administered to the resident over the three-week period could have put the resident's health at risk.

**Sources:** Incident report, Medication Administration Record, interview with DOC, Doctor's order.  
[741771]

## **WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.



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The licensee failed to ensure the dates when and how the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents, their families and the Residents' Council.

**Rationale and Summary**

A written annual Continuous Quality Improvement Interim Report 2022-2023 was posted to the home's website. The report did not include how the results of the surveys taken during the fiscal year were communicated to the residents, their families and the residents' council.

The Continuous Quality Improvement (CQI) Lead confirmed that the CQI report did not include how the results of the surveys were communicated to the residents, their families and the residents' council.

Failing to document survey results related to the survey required under section 43 of the Act in the CQI reported posted to the home's website was a missed opportunity to ensure timely and consistent dissemination of the information to all residents, their families, Council members, and staff of the home.

**Sources:** Home's website, Continuous Quality Improvement Interim Report 2023, interview with GM.  
[706480]