



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**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**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 31, 2015	2015_190159_0007	H-001273-14	Complaint

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### **Licensee/Titulaire de permis**

HENLEY HOUSE LIMITED  
200 RONSON DRIVE SUITE 305 TORONTO ON M9W 5Z9

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

THE HENLEY HOUSE  
20 Ernest Street St. Catharines ON L2N 7T2

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

ASHA SEHGAL (159)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 25, 26, 27, 2015**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care(DOC), Assistant Director of Care (ADOC), Food and Nutrition Manager (FNM), Registered Nursing staff, Personal Support Workers (PSWs), Dietary staff and Physiotherapist. Reviewed resident health record, food production system, menus, home's policy and procedures specific to infection control.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Maintenance**

**Dining Observation**

**Infection Prevention and Control**

**Personal Support Services**

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

**3 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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 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 had failed to ensure that planned menu items were offered and available at each meal and snack.

A) During the inspection on March 25, 2015 on Lancaster Park home area it was observed that the weekly and daily menus posted for the residents were Week 1 Winter 2014. The planned menu indicated that bread was to be served/offered at each meal, however, the bread was not served or offered to all residents.

On March 27, 2015 it was noted that the planned menu posted in Lakeside Park dining room indicated that the crackers and bread were to be served/offered at lunch and dinner. However, bread and crackers were not served to all residents. Resident #002, #003 served texture modified diet were not provided crackers and bread at lunch.

B) The planned menu portion sizes indicated on the therapeutic menu were not always followed.

During the lunch meal in Lancaster Park dining room on March 25, 2015, the therapeutic menu indicated five chicken nuggets were to be served, however, residents were served four chicken nuggets.

The therapeutic menu indicated 14 ounce of cottage cheese, however, #12 scoop was used for cottage cheese, residents were served 3.5 ounce of cottage cheese. The menu indicated 4 ounce fruit salad was to be served, however, residents were served 2 small slices of peaches and pears on the fruit plate. The dietary staff was noted to be using tongs instead of measuring utensils (scoop) for serving fruit, which resulted in residents receiving less than 1/2 portion of fruit serving indicated on the planned menu. This was confirmed by the FNM. [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 ensuring that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

**Specifically failed to comply with the following:**

**s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. The licensee had failed to ensure that food production system provided for standardized recipes for all menu items.

A) During the inspection on March 25, 2015 it was noted that the recipes available did not always match the portion sizes listed on the therapeutic menu and the production sheet. For example, on Wednesday Week #1, the recipe indicated that 125 ml of cottage cheese serving, however, 14 ounce of cottage cheese was indicated on the therapeutic menu, and # 8 scoop (8ounce) of cottage cheese portion size was listed on the production sheet, this was confirmed by the Food and Nutrition Manager (FNM) The recipe for chicken nuggets indicated that four chicken nuggets were to be served, however, the therapeutic menu indicated five chicken nuggets and the production sheet indicated 3 chicken nuggets. The FNM confirmed that the mistakes were made. Several inconsistencies were noted in portion sizes listed on the production sheets, recipes and the therapeutic menu.

B) Not all recipes were consistent with the quantities of the menu items specified on the production sheet report. The recipes available for staff were not scaled and adjusted for number of servings required for the planned menu. The recipes did not provide clear direction for staff.

On March 25, 2015 the production sheet indicated that 85 regular portions were required of peach cobbler, 38 portions for mince and 13 portions for puree peach cobbler. The dietary staff indicated that they prepared for all regular peach cobbler and then take the appropriate portions to puree from that quantity. Although the cook indicated the recipe was followed, they reported that she prepared 95 portions as per recipe; this indicated that there were only 10 portions available to puree and mince and not the required 51 portions; which would indicate the home was 41 portions short for resident needs. The dietary staff preparing the dessert on March 25, 2015 did not follow the recipe

consistently. The peach cobbler was prepared without weighing and measuring of ingredients. This would affect the nutritive value of the menu item served as the quantities of ingredients such as fruit filling was less than required. The dietary staff interviewed was unable to identify the measurements and the quantities of the ingredients listed in the recipe and confirmed the recipe was not followed. [s. 72. (2) (c)]

2. The licensee had failed to ensure that all food and fluids were prepared, stored, and served using methods which preserve taste, nutritive value, appearance and food quality. Homemade vegetable soup served at lunch on March 25, 2015 was very greasy and thin consistency. Review of the recipe and the quality of the soup served indicated that not all ingredients listed in the recipes were used by the dietary staff. Example: 6 1/3 Kilogram green beans listed in the recipe were to be used for vegetable soup, however, green beans were omitted from the recipe, which not only affected the nutritive value of the menu item but also compromised the quality of the soup served to residents. The FNM confirmed the recipe was not followed by the dietary staff involved in food production. [s. 72. (3) (a)]

***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 ensuring that the food production system must, at a minimum, provide for,(c) standardized recipes and production sheets for all menus 72(2)(c); ensuring that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**



**Specifically failed to comply with the following:**

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

**Findings/Faits saillants :**

1. The licensee had failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with as following: The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. During 2014 two written complaints from a family member were made to the Director of Care concerning the care of resident #001, dietary and operation issues of the home. Interview with the family member and the review of home's complaint log 2014 confirmed a record of the investigation and the written response to the family member was not provided within 10 business days of the receipt of the complaints. The administrator was unable to provide record of the investigation, type of action taken, final resolution and the written response to the family. [s. 101. (1) 1.]

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**Issued on this 1st day of April, 2015**

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

**Original report signed by the inspector.**