



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Michelle Warrener	Inspector ID # 107
Log #:	H-00224	
Inspection Report #:	2011_107_2776_01Feb145437	
Type of Inspection:	Follow Up	
Date of Inspection:	February 7, 8, 9, 10, 11, 2011	
Licensee:	Heritage Green Nursing Home 353 Isaac Brock Drive Stoney Creek L8J 2J3 fax: 905-573-7151	
LTC Home:	Heritage Green Nursing Home	
Name of Administrator:	Rosemary Okimi	

To Heritage Green, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.5 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.			
Order: The Licensee shall ensure that a safe and secure environment for residents by ensuring that hot steam tables are secure or supervised and that coffee/hot water machines are supervised or inaccessible to residents who cannot use them safely.			
Grounds:			
<ol style="list-style-type: none"> The third floor dining room (Rosewood) servery was left unattended with steam coming out of the steam table. Residents were in the dining room and the door to the dining room was left unlocked and accessible. The servery does not contain a barrier to prevent access to this area. Coffee/hot water machines in dining rooms on the first and third floors remain accessible to 			



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residents during times these areas are unsupervised.

This order must be complied with by: June 17, 2011

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)(b)
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Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b)(c)

6(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective

Order: The Licensee shall ensure that the identified residents are reassessed and their plans of care reviewed and revised in relation to hydration, level of assistance required for eating, Advanced Directives, and shall ensure that all sections of the plan of care are consistent with the current status of the residents. AND

The licensee shall prepare, submit and implement a plan that outlines how the home will ensure that all residents in the Home that are at risk for dehydration are identified, that food and fluid intake of residents at risk is monitored and assessed, and that the effectiveness of interventions to address poor hydration/problems with hydration is evaluated. The plan is to be submitted by June 17, 2011 to Long Term Care Homes Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, Fax 905-546-8255, e-mail Michelle.Warrener@ontario.ca

Grounds:

1. An identified resident's plan of care related to assistance required for eating was not revised when the resident's care needs changed. The plan of care states the resident requires minimal set up assistance with meals, however, documentation in the progress notes indicates the resident has required full feeding assistance and encouragement at multiple meals. The resident did not eat without assistance and encouragement at the meals observed by the Inspector. The resident's plan of care does not reflect the increased level of assistance required.
2. An identified resident's hydration status was not re-assessed and the plan of care revised when the specified goals related to hydration were not being met. The resident consumed less than their target beverage intake on 19/19 days reviewed in January, 2011 (average of 640ml/day for 18 days). An interdisciplinary assessment of the resident's hydration has not been completed with a plan to address the fluid deficit.
3. An identified resident's hydration status was not re-assessed and the plan of care revised when the plan of care related to hydration was not effective for the months of December 2010 and January 2011. The resident did not meet hydration targets for 24/31 days in December and 25/31 days in January. An assessment of the poor hydration was not completed with a plan implemented to address the fluid deficit.
4. The plan of care for an identified resident was not re-assessed and revised when the resident was documented as consuming more fluids at the breakfast meal and daily than



their plan of care indicated for the month of January 2011. The resident consumed more than the specified amount of fluids on 22/30 days at the breakfast meal, 6/24 days at the lunch meal, and on 5 days at the evening snack.

5. An identified resident's plan of care was not reviewed and revised when the care set out in the plan in relation to the resident's hydration status has not been effective. The resident's food and fluid intake monitoring records show that the resident has been below their target beverage intake on all days recorded for both December 2010 and January 2011 (28/28 days each month). The resident's hydration status has not been assessed and the plan of care revised since the quarterly review in December, 2010. The resident's plan of care identified the resident is at risk for fluid volume deficit and to monitor for signs and symptoms of dehydration. An assessment to identify the reason for the reduction in hydration has not been completed and measures are not in place to correct the fluid deficit.
6. An identified resident was not re-assessed and the plan of care reviewed and revised when the resident was not meeting their target beverage intake. The resident did not meet their target beverage intake on 22/30 days for the month of January 2011. A referral to the Registered Dietitian was not initiated and the poor hydration was not evaluated by the multidisciplinary team. The plan of care was not revised to address the resident not meeting target hydration requirements.
7. The plan of care for an identified resident was not revised when there was a change in the resident's care needs. The plan of care related to Advanced Directives was not revised to reflect the resident's current status.
8. The plan of care related to Sleep/Rest pattern for an identified resident has not been revised to reflect the resident's change in status.

This order must be complied with by: July 31, 2011

Order #: 003	Order Type: Compliance Order, Section 153 (1)(b)
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Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.6(7)
 6(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Order: The Licensee shall prepare, submit and implement a plan that ensures the care set out in the plan of care for the identified residents, in addition to all other residents in the home, is provided as specified in the residents' plans in relation to meal service, toileting, nutritional supplements, enteral feeding, and hydration. The plan is to be submitted by June 17, 2011 to Long Term Care Homes Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, Fax 905-546-8255, e-mail Michelle.Warrener@ontario.ca

Grounds:

1. The care set out in the plan of care was not provided to 26 residents at lunch and supper meals in various dining areas.
2. The care set out in the plan of care was not provided to an identified resident in relation to toileting. The resident's plan of care requires two staff to transfer onto/off the toilet with a mechanical lift and the resident is not to be left unattended on the toilet. The resident was transferred onto the toilet with one PSW (Personal Support Worker) and was left unattended



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while on the toilet. (Verified by Management, Registered staff and PSW interviews).

3. The care set out in the plan of care was not provided to an identified resident as specified in their plan. The resident had an order for an enteral feed to be provided. The quantity of formula provided to the resident and method for administering the enteral feeding were not consistent with the physician order. The Medication Administration Record (MAR) was not signed and did not reflect the actual enteral formula and method provided to the resident.
4. The care set out in the plan of care by the Registered Dietitian in November, 2010 was not provided to an identified resident. In November, 2010, the Registered Dietitian wrote an order for the resident's nutritional supplement to be increased, however, this order was not implemented. The resident continued to receive the previous order in December 2010 and until the end of January 2011 when the Registered Dietitian wrote another order for the same increase. During this time, the resident had significant weight loss (8% in January 2011) and was not meeting hydration requirements for most of December 2010 and January 2011.
5. Two identified residents have plans of care that require the calculation of total fluid intake daily and to report intake of < 1000ml to the charge nurse. One of the identified residents did not have their total fluid intake calculated on 20/31 days in January 2011, and documentation does not reflect that fluid intake of less than 1000ml/day was reported to the charge nurse (18/19 days in January 2011). The resident had a significant weight loss of 8.8% over one month (January to February 2011). Fluid intake was not totaled daily for the other identified resident (10 days in December 2010), resulting in reduced ability to identify inadequate fluid intake daily. The resident consumed < 1000ml on 6/28 days for both December 2010 and January 2011, however, this was not reported or evaluated. This resident's plan of care states the resident prefers milk with meals, however, milk was not provided at the lunch meal February 7, 2011. The resident received only water at the meal.
6. An identified resident has a plan of care requiring a specified amount of fluids be provided to the resident. For the month of January 2011, the resident is often documented as consuming more fluids than their specific fluid plan allows on 22/30 days. This has not been evaluated. The resident's plan of care identifies the resident is to follow a specialized menu. The resident was offered the regular menu (confirmed with resident that the special menu was not offered) at the lunch meal February 7, 2011.

This order must be complied with by: June 30, 2011

Order #:	004	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.84			
84 Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.			
Order: The licensee must fully implement their quality improvement and utilization review system to monitor, analyze, evaluate and develop plans to improve the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.			



Grounds:

1. A quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home has not been fully implemented. Management staff interviewed confirm that quality management activities are not consistently being completed to monitor and evaluate the care and services provided by the home. Audits in the dietary department are not consistently being completed and data collected is not being analyzed with an action plan developed to improve quality.

This order must be complied with by: July 31, 2011

Order #:	005	Order Type:	Compliance Order, Section 153 (1)(a)(b)
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Pursuant to: O.Reg. 79/10, s. T69.1-4
 69 Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
 (1) A change of 5 per cent of body weight, or more, over one month.
 (2) A change of 7.5 per cent of body weight, or more, over three months.
 (3) A change of 10 per cent of body weight, or more, over 6 months.
 (4) Any other weight change that compromises the resident's health status.

Order: The Licensee must assess the identified residents in relation to weight loss using an interdisciplinary approach, and ensure that actions are taken and outcomes are evaluated.
 AND
 The Licensee must prepare, submit and implement a plan that ensures all other residents of the Home with verified unplanned weight change are identified and assessed using an interdisciplinary approach with actions taken and outcomes evaluated. The plan is to be submitted by June 17, 2011 to Long Term Care Homes Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, Fax 905-546-8255, e-mail Michelle.Warrener@ontario.ca

Grounds:

1. An identified resident had a significant documented weight loss in three months, 2011, however, the weight change has not been assessed by the multidisciplinary team. The resident was not weighed in January 2011 (verified through staff interview and documentation). A re-weight to verify the accuracy of the significant weight change has not been completed as yet (February 8, 2011), and documentation does not reflect the multidisciplinary team has assessed the significant weight loss. Staff interviewed by the Inspector identified that the resident had lost weight. The home's policy and procedure for weight monitoring was not followed.
2. An identified resident was not assessed using an interdisciplinary approach after a significant weight loss of 6.2% in January or an 8% loss over 3 months triggered in February 2011. A multidisciplinary assessment of the January weight change was not completed and a re-weight (to verify the accuracy of the significant weight change) was not completed (as per the Home's policy and procedure) and was not available for the Registered Dietitian when a nutritional assessment was commenced. After a re-weight was completed (as



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requested by the Registered Dietitian at the nutritional assessment), an assessment of the significant weight change was not completed. Further significant weight loss (8% over 3 months) was flagged in February, 2011, however, an assessment of the significant weight change has not been completed as of February 10, 2011. When interviewed by the Inspector, the resident stated they felt like they had lost weight.

3. An identified resident did not have his weight recorded in November 2010. The resident had an unplanned weight loss of 5.5% from October to December 2010, however, a re-weigh for the December weight to verify accuracy was not completed. At the December 2010 nutritional quarterly review the accuracy of the weight loss in December was questioned and a plan was not implemented to address the weight loss. The resident was underweight with a low body mass index (BMI). Notes of poor appetite/intake were documented in January 2011, however, no referral to the Registered Dietitian or follow up was completed in relation to the weight loss.

This order must be complied with by:	July 31, 2011
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Order #:	006	Order Type:	Compliance Order, Section 153 (1)(b)
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Pursuant to: O.Reg. 79/10, s. 72(2)(d)(g)
72(2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus
(d) preparation of all menu items according to the planned menu.
(g) documentation on the production sheet of any menu substitutions.

Order: The Licensee shall prepare, submit and implement a plan that ensures all menu items are purchased, prepared, and served according to the planned menu, that items prepared for the vegetarian menu are consistent with recipes and recipes are available, that texture modified menu items are prepared in a manner that reduces risk and maximizes nutritional value, and that menu substitutions are documented on the production sheets. The plan is to be submitted by June 17, 2011 to Long Term Care Homes Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, Fax 905-546-8255, e-mail Michelle.Warrener@ontario.ca

- Grounds:**
1. Not all menu items were prepared and served according to the planned menu and recipes at multiple meals reviewed.
 2. Standardized recipes and production sheets were not available to guide staff in the consistent preparation and service of the vegetarian items served to residents.
 3. The texture of some pureed menu items was chunky or runny, creating a potential choking risk for residents.
 4. Menu substitutions were not documented on the production sheet on February 7, 2011. Staff confirmed that menu changes are not consistently documented on production sheets and that a record of menu substitutions was unavailable for review by the Inspector.

This order must be complied with by:	July 31, 2011
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Order #:	007	Order Type:	Compliance Order, Section 153 (1)(b)
<p>Pursuant to: O.Reg. 79/10, s.73(1)9,10 73(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: 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.</p>			
<p>Order: The Licensee shall prepare, submit and implement a plan that ensures all residents requiring assistance with eating, including the residents identified, are provided the required level of assistance for eating, provided the required assistive devices at meals and snacks, and are assisted with eating using proper feeding techniques. The plan should include education for staff in relation to feeding techniques. The plan is to be submitted by June 17, 2011 to Long Term Care Homes Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance, Improvement and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7, Fax 905-546-8255, e-mail Michelle.Warrener@ontario.ca</p>			
<p>Grounds:</p> <ol style="list-style-type: none"> 1. At the supper meal in the second floor dining room February 7, and 10, 2011 eight residents did not receive the required level of assistance with eating as specified in their plans of care and observed needs. 2. At the lunch meals February 7 and 9, 2011, four identified residents did not receive the required assistive devices that were specified on their plan of care. 3. February 7, 2011 - An identified resident was sitting in their wheelchair for over one hour with a styrofoam container of pureed snack sitting on arm of their wheelchair (from the 10am snack pass). The resident did not consume the snack and requires total assistance with eating. 4. Proper techniques were not used to assist residents with eating at the supper meal February 7, 2011: <ul style="list-style-type: none"> • Residents were fed in a rushed manner without giving adequate time for each resident to swallow between bites and in a safe manner. • A staff member assisting an identified resident was standing to feed the resident. 			
This order must be complied with by:		June 30, 2011	

Order #:	008	Order Type:	Compliance Order, Section 153 (1)(a)
<p>Pursuant to: O.Reg. 79/10, s.91 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.</p>			



Order: The Licensee shall ensure that all hazardous substances, including identified chemicals, are kept inaccessible to residents at all times.

Grounds:

1. February 7, 2011 third floor Rosewood dining room at 10:12a.m - five bottles of chemicals (Rinsit x 2, limeaway, CPS-490, liquit assure presoak) were stored in an unlocked cabinet under the hand-washing sink that was accessible to residents.
2. February 9, 2011 The tub room in the Magnolia home area was left unlocked and unattended at 12:15p.m. A bottle of Arjo disinfectant cleaner (poisonous and corrosive) was accessible to residents (on the floor of the tub room).

This order must be complied with by: June 3, 2011

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2



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Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 3 day of June, 2011. - Revised for the purpose of publication - Sept 29, 2011	
Signature of Inspector:	
Name of Inspector:	Michelle Warrener
Service Area Office:	Hamilton Service Area Office