



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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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Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de le Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input checked="" type="checkbox"/> Copie de la Publique	
Date(s) of Inspection/Date de l'inspection August 11,12, 2010		Inspection No/ d'inspection 2010_171_2776_09AUG144 122	Type of Inspection/Genre d'inspection Complaint –H00542
Licensee/Titulaire Heritage Green Nursing Home, 353 Isaac Brock Drive, Stoney Creek, ON L8J 2J3			
Long-Term Care Home/Foyer de soins de longue durée Heritage Green Nursing Home, 353 Isaac Brock Drive, Stoney Creek, ON L8J 2J3			
Name of Inspector(s)/Nom de l'inspecteur(s) Elisa Wilson – LTC-Homes Inspector, Dietary (#171)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection. The complaint was received by the Hamilton Services Area office anonymously through the Info-line. The complaint was in regards to the nutritional care of insulin dependent diabetics.</p> <p>The inspection was conducted by the inspector listed above.</p> <p>The inspection occurred on August 11 and 12, 2010.</p> <p>During the course of the inspection, the inspector spoke with: The administrator, foodservice management staff, registered dietitian, registered staff on three home areas, personal support workers and residents.</p> <p>Activities of the inspector included observations of the lunch meal service in the main dining room and specific resident's snacks and supper meal. Various records were reviewed for a random sample of 6 residents.</p> <p>The following Inspection Protocols were used during this inspection: Nutrition and Hydration.</p> <p>2 Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN 1 VPC 1 CO: CO# 1</p>			

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'exigences 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.

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

The plan of care does not set out clear directions to staff regarding treatment for hypoglycemia:

1. Residents #1,2 and3 are documented to be at risk of hypoglycemia in their plans of care. Each resident has a goal in their plan of care "to achieve targets for blood sugar control as per clinical practice guidelines (i.e., FBS 4-7 mmol/L)". There are no interventions in the plan of care regarding how to treat a blood sugar less than 4 mmol/L. There are no documented policies for the Home regarding hypoglycemia treatment.
2. The blood glucose monitoring sheets and progress notes for Resident #1 indicate treatment for blood sugars between 4.0 and 5.0 mmol/L with juice four times out of six in one month. The plan of care does not indicate a need to treat blood sugars over 4.0 mmol/L. The documentation does not indicate a reason for treatment at those times.

CO - #1

Required Compliance Date: 28/10/2010

WN#2: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6(9)1

The licensee shall ensure that the following are documented: The provision of the care set out in the plan of care.

Findings:

1. The provision of care was not accurately documented in the food and fluid records for Resident #1 for pm snack on August 11, 2010. The resident did not choose to have a snack at that time however the food and fluid records indicate that a snack was consumed. This resident self-reports that snacks are not taken in the afternoon as per the plan of care. The food and fluid records for the month of August indicate a full snack is taken in the afternoon daily.

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 constitue un avis d'écrit de l'exigences 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.

2. The provision of care in two episodes of hypoglycaemia were not documented in the progress notes for Resident #2. Blood sugars of 2.7 and 3.9 were documented in July 2010 on the blood glucose monitoring sheet. There was no documentation on this form or in the progress notes regarding interventions used to address low blood sugars. A second blood sugar reading was documented on the monitoring sheet but no indication as to what time each of the readings were taken.

VPC – pursuant to LTCHA, 2007, S.O. 2007, c.8, s. 152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring the provision of care is documented, to be implemented voluntarily.

Signature of Licensee of Designated Representative
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.



Title:

Date:

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

Oct. 12 / 10

ORDER(S) of an Inspector

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

Inspector Name:	Elisa Wilson
Inspection ID #:	171
Type of Inspection:	Complaint – H00542 Inspection # - 2010_171_09AUG144122
Date Order Made:	October 12, 2010
Date Order Served:	October 12, 2010
Licensee:	Heritage Green Nursing Home, 353 Isaac Brock Drive Stoney Creek, ON L8J 2J3
LTC Home:	Heritage Green Nursing Home 353 Isaac Brock Drive Stoney Creek, ON L8J 2J3
Name of Administrator:	Rosemary Okimi

To Heritage Green Nursing Home, you are hereby required to comply with the following order by the date set out below;

Compliance Order #: 1

Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. The licensee shall prepare, submit and implement a policy addressing the treatment of hypoglycaemia and ensure each resident at risk of hypoglycaemia has appropriate interventions in place to address this risk.

Grounds:

There are no clear directions for staff regarding treatment of hypoglycaemia, either as a general policy or included in the plan of care of residents at risk.

Inspector ID# 171

This order must be complied with by: October 26, 2010

TAKE NOTICE:

- A licensee has the right to request a review of this Order by the Director and to request a stay of the Order by the Director as per section 163 of the *Long-Term Care Homes Act 2007*.
- The request for review by the Director must be made in writing and within 28 days of the date the Order is served.
- The request for the Director's review must be delivered personally or by registered mail to the address below, or by fax to the number below.

Director

c/o Appeals Clerk
Performance and Improvement 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

Signature of Inspector: Elisa Wilson

Date: 12 Oct 2010

Time Order is Served: