



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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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☐ Licensee Copy/Copie du Titulaire

☒ Public Copy/Copie Public

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|--|---|--|
| Date(s) of inspection/Date de l'inspection March 25, 2011 | Inspection No/ d'inspection 2011_148_2645_22Mar125015 | Type of Inspection/Genre d'inspection Complaint Log- O-000564 |
| Licensee/Titulaire Hilltop Manor Nursing Home, 82 Colonel By Crescent Smith Falls Ontario, K7A 5B6 Fax: 613-269-3534 | | |
| Long-Term Care Home/Foyer de soins de longue durée Hilltop Manor Nursing Home, 1005 St Lawrence Street P.O Box 430 Merrickville Ontario, K0G 1N0 Fax: 613-269-3534 | | |
| Name of Inspector/Nom de l'inspecteur Amanda Nixon (ID #148) | | |
| Inspection Summary/Sommaire d'inspection | | |
| The purpose of this inspection was to conduct a complaint inspection related to the care of an identified resident. | | |
| During the course of the inspection, the inspector spoke with the Nutritional Manager, Registered Dietitian, Registered Dietitian, day Registered Nurse, Food Service Workers and Personal Support Workers (PSW) responsible for the care of the resident. | | |
| During the course of the inspection, the inspector reviewed the resident's health care record and weight record, food and fluid monitoring system, diet lists and observed the lunch meal service on March 25, 2011. | | |
| The following Inspection Protocols were used during this inspection: Nutrition and Hydration | | |
| Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 CO: CO # 001 | | |



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

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'exigence 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.

WN #1: The Licensee has failed to comply with O. Reg 79/10, s.8

(1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(b) is complied with

Findings:

1. Under O.Reg 79/10, s.68(1)(d), the licensee shall ensure that the nutrition and hydration program include a system to monitor and evaluate the food and fluid intake of residents with identified risks.
2. The home's system to monitor food and fluid intake of residents includes the documentation of nutritional supplement intake at all nourishments.
3. The Nourishment Supplements Tick-off Sheets for March 20-26th, 2011 were reviewed. The evening supplement for an identified resident was not documented March 20, 21 and 22, 2011.
4. As per the Minimum Data Set (MDS) assessment completed January 2011, the Registered Dietitian determined the nutritional risk of the resident as medium. The resident was identified with a 4.6% weight loss over one month in March 2011.

Inspector ID #: 148

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

Signature of Licensee or Representative of Licensee
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.

Aminda Nix

Title:

Date:

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

April 7, 2011



Order of the Inspector

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

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|------------------------|---|--|
| | <input type="checkbox"/> Licensee Copy/Copie du Titulaire | <input checked="" type="checkbox"/> Public Copy/Copie Public |
| Name of Inspector: | Amanda Nixon | Inspector ID # 148 |
| Log #: | O-000564 | |
| Inspection Report #: | 2011_148_2645_22Mar125015 | |
| Type of Inspection: | Complaint | |
| Date of Inspection: | March 25, 2011 | |
| Licensee: | Hilltop Manor Nursing Home, 82 Colonel By Crescent Smith Falls Ontario, K7A 5B6 | |
| LTC Home: | Hilltop Manor Nursing Home, 1005 St Lawrence Street P.O Box 430 Merrickville Ontario, K0G 1N0 | |
| Name of Administrator: | Peter Crate | |

To Hilltop Manor Nursing Home, you are hereby required to comply with the following order by the date set out below:

| | | | |
|--|-----|-------------|--------------------------------------|
| Order #: | 001 | Order Type: | Compliance Order, Section 153 (1)(a) |
| Pursuant to: O. Reg 79/10, s.8 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with | | | |
| Order: The licensee shall ensure that the system to monitor the food and fluid intake of residents with identified risks related to nutrition and hydration is complied with. | | | |



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

Grounds:

1. Under O.Reg 79/10, s.68(1)(d), the licensee shall ensure that the nutrition and hydration program include a system to monitor and evaluate the food and fluid intake of residents with identified risks.
2. The home's system to monitor food and fluid intake of residents includes the documentation of nutritional supplement intake at all nourishments.
3. The Nourishment Supplements Tick-off Sheets for March 20-26th, 2011 were reviewed. The evening supplement for an identified resident was not documented March 20, 21 and 22, 2011.
4. As per the Minimum Data Set (MDS) assessment completed January 2011, the Registered Dietitian determined the nutritional risk of the resident as medium.

This order must be complied with by: April 29, 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

Fax: 416-327-7603

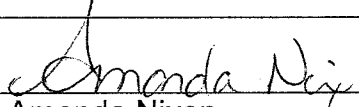
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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| Issued on this 7th day of April, 2010. | |
| Signature of Inspector: |  |
| Name of Inspector: | Amanda Nixon |
| Service Area Office: | Ottawa Service Area Office |