

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

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les
foyers de soins de longue
durée***

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
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Bureau régional de services de
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159, rue Cedar Bureau 403
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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Sep 23, 2019	2019_740621_0006 (A2)	029154-18, 029155-18	Follow up

Licensee/Titulaire de permis

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

Amended by JULIE KUORIKOSKI (621) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

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durée***

**Licensee request to extend CDD from September 30, 2019 to October 21, 2019,
approved for all three CO's #001, #002 and #003.**

Issued on this 23rd day of September, 2019 (A2)

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

Original report signed by the inspector.

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Sep 23, 2019	2019_740621_0006 (A2)	029154-18, 029155-18	Follow up

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

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

Amended by JULIE KUORIKOSKI (621) - (A2)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 11 - 12, 2019.

The following intakes were inspected during this Follow Up Inspection:

- One intake, for compliance order (CO) #001, issued during inspection #2018_657681_0024, regarding s.71 (1)(b) and s.71(1)(e) related to menu planning; and**
- One intake, for CO #002, issued during inspection #2018_657681_0024, regarding s.30(1)(3) related to general requirements for programs.**

During the course of the inspection, the inspector(s) spoke with the Administrator / Director of Care (DOC), Registered Dietitian (RD), and Dietary Supervisor.

The Inspector also reviewed relevant health records, the licensee policies, procedures and programs specific to nutrition and hydration, and relevant menu related documentation.

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

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

- 3 WN(s)**
- 1 VPC(s)**
- 3 CO(s)**
- 1 DR(s)**
- 0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 30. (1)	CO #002	2018_657681_0024	621

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.)</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

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1. The licensee has failed to ensure that the home's menu cycle, included menus for regular, therapeutic and texture modified diets for both meals and snacks.

Inspector #621 inspected an outstanding Compliance Order (CO) #001 issued during Inspection #2018_657681_0024. The home was ordered to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During an interview with the Dietary Supervisor, they reported to Inspector #621 that after CO #001 was served to the home on a specific date in October 2018, the home decided to utilize the Nutrition Management module included as part of the electronic Point Click Care (PCC) health record database to build all the home's menus. The Dietary Supervisor identified that, on a specific date in December 2018, the home implemented a three week menu cycle for each of the following diet and texture menu types:

Regular Diet / Regular Texture;
Regular Diet / Mechanical Soft Texture;
Regular Diet / Minced Texture;
Regular Diet / Pureed Texture;
Diabetic Diet / Regular Texture;
Diabetic Diet / Mechanical Soft Texture;
Diabetic Diet / Minced Texture; and
Diabetic Diet Pureed Texture.

During a review of menu cycle documentation, provided by the Dietary Supervisor, the Inspector identified the following:

- The menus, as provided by the home did not include a three week menu cycle for either the Regular Diet / Minced Texture or Diabetic Diet / Minced Texture diets; and
- None of the menus provided by the home, were found by the Inspector to incorporate a snack menu for afternoon and evening snacks.

During further interview with the Dietary Supervisor on a specific date in February 2019, they confirmed to the Inspector that the home provided minced textured menu items to residents who required that specific texture, but admitted that they were still learning to navigate the PCC Nutrition Management module, and were not familiar with how to generate a minced textured menu for either the Regular Diet or Diabetic Diet menus cycles up to, and including the time of inspection. Additionally, the Dietary Supervisor identified that they had not yet integrated a

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snack menu cycle into each of the home's menus using the home's PCC Nutrition Management Module. The Dietary Supervisor identified that dietary staff instead referred to a four week snack menu for regular diets, last revised in October 2017, which was posted in the kitchen.

Inspector #621 reviewed a copy of the snack menu, as provided by the Dietary Supervisor. During the review, the Inspector identified that the snack menu cycle was four weeks in length; had not been updated for more than a year; and menu items were determined to not be suitable for all diet texture types; (e.g., one afternoon snack listed "ice cream and one evening snack listed "toast" as the only snack options).

During an additional interview with the Dietary Supervisor, they confirmed to the Inspector that the October 2017, snack menu cycle was outdated; provided menu selections that were consistent only for a Regular Diet / Regular Texture menu cycle; that cooks who prepared the afternoon and evening snacks for residents did not have a snack menu to refer to for the diabetic diet, as well as the mechanical soft, minced and pureed diet textures; and cooks were required to use their discretion to prepare snack items that they felt were safe and appropriate.

During an interview with the Administrator/DOC, they confirmed to Inspector #621 that it was their expectation that the PCC Nutrition Management module had been utilized by the Dietary Supervisor in order to develop and implement the home's menu cycles for regular, diabetic and texture modified diets by the CO due date; and that the home's menu cycles within PCC incorporated afternoon and evening snacks that were safe and appropriate to each diet and texture type.

[s. 71. (1) (b)]

2. The licensee has failed to ensure that the home's menu cycle, was approved by a registered dietitian who was a member of the staff of the home.

Inspector #621 inspected an outstanding Compliance Order (CO) #001 issued during Inspection #2018_657681_0024. The home was ordered to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During an interview with the Dietary Supervisor, they reported to Inspector #621 that after CO #001 was served to the home on a specific date in October 2018, the home decided to utilize the Nutrition Management module included as part of

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the electronic Point Click Care (PCC) health record database to build all the home's menu cycles for their regular, therapeutic and texture modified diets. The Dietary Supervisor also identified that the home's RD was given access to the PCC Nutrition Management module in order to complete their required review and approval of the home's menu cycle prior to their implementation on a specified date in December 2018.

During a review of menu cycle documentation and RD menu review and approval records, provided by the Dietary Supervisor, the Inspector identified the following:

- A single page titled "LTC Menu Cycle Approval Document", signed on a specific date in December 2018, by the home's RD. The document identified that approval was for the "HPCH Fall Menu 2018", and that the menu cycle would be used for the long-term care residents of the home from a specific date in December 2018, to another specific date in June 2019. The Inspector found no further details to distinguish which of the home's eight specific menus were approved;
- The menus, as provided by the home to the Inspector, did not include three week menu cycles for either the Regular Diet / Minced Texture or Diabetic Diet / Minced Texture diets; and
- None of the menus provided by the home, were found by the Inspector to incorporate a snack menu for afternoon and evening snacks.

During further interview with the Dietary Supervisor, they confirmed to the Inspector that the home provided minced textured diets to residents, but that they were not able to find within the PCC Nutrition Management program a way to generate a minced diet texture for either the Regular Diet or Diabetic Diet menus. Additionally, the Dietary Supervisor identified that the home had not yet developed a menu cycle for snacks for each of the diets within PCC. Consequently, the Dietary Supervisor confirmed that a review of the home's menus by the RD would not have been able to include a review of the Regular Diet / Minced Texture diet, the Diabetic Diet / Minced Texture diet, or a review of a snack menu as part of any of the eight menus that were implemented by the home in December 2018.

During an interview with the home's RD on a specific date in February 2019, they reported to Inspector #621 that they completed a review of the home's 2018 Fall Menus and signed off approval on a specific date in December 2018. When the Inspector inquired as to which menus, (as part of the home's menu cycle), they had reviewed and approved, the RD identified that they were only comfortable stating that their sign off implied they reviewed and approved the three week

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menus for the Regular Diet / Regular Texture and Regular Diet / Pureed Texture diets. When the Inspector inquired as to whether the RD reviewed and approved a snack menu for either of these two menus, the RD confirmed that they had not.

During an interview with the Administrator/DOC, they confirmed to Inspector #621 that it was their expectation that the PCC Nutrition Management module had been utilized to develop and implement the home's menu cycles for the regular, diabetic and all texture modified diets by the CO due date; that all the home's menus incorporated between meal snacks; and that the RD had reviewed and approved all of the home's menus, including snacks. [s. 71. (1) (e)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A2)

The following order(s) have been amended: CO# 001,002

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Findings/Faits saillants :

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1. The licensee has failed to ensure that a person hired as a nutrition manager after the coming into force of this section was an active member of the Canadian Society of Nutrition Management or a Registered Dietitian.

During an interview with the Dietary Supervisor, they informed Inspector #621 that they were hired into the role of Nutrition Manager (NM) for the home in April 2018, and previously they had worked in the capacity of a Dietary Aide for the home. The Dietary Supervisor confirmed that they were not a Registered Dietitian and that they were not an active member of the Canadian Society of Nutrition Management (CSNM). Further, the Dietary Manager identified that about a month earlier they became aware of the need to become a member of the CSNM to meet the legislative requirements of their position.

During an interview with the Administrator/Director of Care (DOC), they confirmed to the Inspector that the Dietary Supervisor served as the NM of the home. When the Inspector inquired into the Dietary Supervisor's qualifications for the position of NM, the Administrator/DOC identified that the Dietary Supervisor had completed a course prior to being hired, and thought that the course met the legislative requirements. At the time of inspection however, the home was unable to provide evidence to the Inspector that the Dietary Supervisor was a registered and current member of the CSNM. [s. 75. (2)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A2)

The following order(s) have been amended: CO# 003

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 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:

1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home had a dining and snack service that included, at a minimum, the following elements: 1. Communication of the seven day and daily menus to residents.

Inspector #621 inspected an outstanding Compliance Order (CO) #001 issued during Inspection #2018_657681_0024. The home was ordered to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During a review of menu cycle documentation as provided by the Dietary Supervisor, Inspector #621 found no afternoon or evening snacks incorporated into any of the regular, diabetic and modified texture diets. Instead, the Dietary Supervisor provided the Inspector a four week "LTC Daytime and Night" snack menu, last revised on a specific date in October 2017.

During an interview with the Dietary Supervisor, they reported to Inspector #621 that the home had not yet developed and integrated a snack menu cycle into each of the home's cycle menus using the home's Point Click Care (PCC) Nutrition Care Module. The Dietary Supervisor identified that the dietary staff instead referred to a four week snack menu for regular diets, last revised in October 2017, which was posted in the kitchen. When Inspector #621 inquired if the outdated snack menu that was used by dietary staff to prepare residents snacks was communicated to residents, the Dietary Supervisor reported that the snack menu was not communicated to residents in the home. [s. 73. (1) 1.]

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 to ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 1. Communication of the seven day and daily menus to residents, to be implemented voluntarily.

Issued on this 23rd day of September, 2019 (A2)

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

Original report signed by the inspector.

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

Long-Term Care Homes Division
Long-Term Care Inspections Branch
Division des foyers de soins de
longue durée
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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by JULIE KUORIKOSKI (621) - (A2)

**Inspection No. /
No de l'inspection :** 2019_740621_0006 (A2)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 029154-18, 029155-18 (A2)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** Sep 23, 2019(A2)

**Licensee /
Titulaire de permis :** Hornepayne Community Hospital
278 Front Street, P.O. Box 190, HORNEPAYNE,
ON, P0M-1Z0

**LTC Home /
Foyer de SLD :** Hornepayne Community Hospital
278 Front Street, P.O. Box 190, HORNEPAYNE,
ON, P0M-1Z0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Alison Morrison

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

To Hornepayne Community Hospital, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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L. O. 2007, chap. 8

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre existant:**

2018_657681_0024, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(a) is a minimum of 21 days in duration;

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;

(d) includes alternative beverage choices at meals and snacks;

(e) is approved by a registered dietitian who is a member of the staff of the home;

(f) is reviewed by the Residents' Council for the home; and

(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

The licensee must be compliant with s.71(1)(b) of Ontario Regulation 79/10.

Specifically, the licensee must:

- a) Ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- b) Ensure that there are menus developed within the home's menu program for minced diet textures;
- c) Ensure that a menu cycle for snacks is incorporated within the home's menu program for all diet and texture types;
- d) Ensure when completing steps a) through c), that the steps are completed in accordance with other applicable sections pursuant to s.71(1) and (2).

Grounds / Motifs :

1. The licensee has failed to ensure that the home's menu cycle, included menus for regular, therapeutic and texture modified diets for both meals and snacks.

Inspector #621 inspected an outstanding Compliance Order (CO) #001 issued during Inspection #2018_657681_0024 with a compliance date of December 17, 2018. The home was ordered to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During an interview with the Dietary Supervisor, they reported to Inspector #621 that after CO #001 was served to the home in October 29, 2018, the home decided to utilize the Nutrition Management module included as part of the electronic Point Click Care (PCC) health record database to build all the home's menu cycles for their regular, therapeutic and texture modified diets. The Dietary Supervisor identified that, on December 14, 2018, the home implemented a three week menu cycle for each of the following eight diet and texture menu types:

Regular Diet / Regular Texture;
Regular Diet / Mechanical Soft Texture;
Regular Diet / Minced Texture;
Regular Diet / Pureed Texture;
Diabetic Diet / Regular Texture;

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Diabetic Diet / Mechanical Soft Texture;
Diabetic Diet / Minced Texture; and
Diabetic Diet Pureed Texture.

During a review of menu cycle documentation, provided by the Dietary Supervisor, the Inspector identified the following:

- The menus, as provided by the home to the Inspector, did not include a three week menu cycle for either the Regular Diet / Minced Texture or Diabetic Diet / Minced Texture diets; and
- None of the menus provided by the home, were found by the Inspector to incorporate a snack menu for afternoon and evening snacks.

During a subsequent interview with the Dietary Supervisor on February 11, 2019, they confirmed to the Inspector that the home provided minced textured menu items to residents who required that specific texture, but admitted that they were still learning to navigate the PCC Nutrition Management module, and were not familiar with how to generate a minced textured menu for either the Regular Diet or Diabetic Diet menu cycles up to, and including the time of inspection. Additionally, the Dietary Supervisor identified that they had not yet integrated a snack menu cycle into each of the regular, diabetic and texture modified menus using the home's PCC Nutrition Management Module. The Dietary Supervisor identified that dietary staff instead referred to a four week snack menu for regular diets, last revised in October 2017, which was posted in the kitchen area.

Inspector #621 reviewed a copy of the snack menu, with a revision date of October 17, 2017, as provided by the Dietary Supervisor. During the review, the Inspector identified that the snack menu cycle was four weeks in length; had not been updated for more than a year; and menu items were determined to not be suitable for all diet texture types; (e.g., one afternoon snack listed "ice cream and one evening snack listed "toast" as the only snack options).

During an additional interview with the Dietary Supervisor, they confirmed to the Inspector that the October 2017, snack menu cycle was outdated; provided menu selections that were consistent only for a Regular Diet / Regular Texture menu cycle; that cooks who prepared the afternoon and evening snacks for residents did not have a snack menu to refer to for the diabetic diet, as well as the mechanical soft, minced and pureed diet textures; and were required to use their discretion to prepare

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

snack items that they felt were safe and appropriate.

During an interview with the Administrator/DOC, they reported to Inspector #621 that it was their expectation that the PCC Nutrition Management module had been utilized by the Dietary Supervisor in order to develop and implement the home's menu cycles for regular, diabetic and texture modified diets by the CO due date; and that the home's menu cycles within PCC incorporated afternoon and evening snacks that were safe and appropriate to each diet and texture type.

The severity of this issue was determine to be a level two, as there was a potential for harm to the residents of the home. The scope of the issue was a level two, as there was a pattern where residents of the home on therapeutic and texture modified diets were affected. The home had a level three compliance history, as there was related non-compliance with this section of Ontario Regulation 79/10 that included:

- Compliance Order (CO) issued on June 21, 2018, in report #2018_657681_0010, with a compliance due date of September 28, 2018;
- CO issued on October 29, 2018, in report #2018_657681_0024, with a compliance due date of December 17, 2018. (621)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Oct 21, 2019(A2)

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

Order # /**Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- (d) includes alternative beverage choices at meals and snacks;
- (e) is approved by a registered dietitian who is a member of the staff of the home;
- (f) is reviewed by the Residents' Council for the home; and
- (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :

The licensee must be compliant with section 71(1)(e) of Ontario Regulation 79/10.

Specifically, the licensee must:

- a) Ensure that the home's menu cycle, which includes menus for regular, therapeutic and texture modified diets for both meals and snacks is approved by a Registered Dietitian (RD) who is a staff member of the home;
- b) Ensure there is documentation which clearly identifies which menus have been approved by the RD; and
- c) Ensure when completing steps a) and b), that the steps are completed in accordance with other applicable sections pursuant to s.71(1) and (2).

Grounds / Motifs :

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

1. The licensee has failed to ensure that the home's menu cycle, was approved by a registered dietitian who was a member of the staff of the home.

Inspector #621 inspected an outstanding Compliance Order (CO) #001 issued during Inspection #2018_657681_0024 with a compliance date of December 17, 2018. The home was ordered to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During an interview with the Dietary Supervisor, they reported to Inspector #621 that after CO #001 was served to the home in October 29, 2018, the home decided to utilize the Nutrition Management module included as part of the electronic Point Click Care (PCC) health record database to build all the home's menu cycles for their regular, therapeutic and texture modified diets. The Dietary Supervisor also identified that the home's RD was given access to the PCC Nutrition Management module in order to complete their required review and approval of the home's menu cycle prior to their implementation on December 14, 2018.

During a review of menu cycle documentation and RD menu review and approval records, provided by the Dietary Supervisor, the Inspector identified the following:

- A single page titled "LTC Menu Cycle Approval Document", signed on December 12, 2018, by the home's RD. The document identified that approval was for the "HPCH Fall Menu 2018"; and that the menu cycle would be used for the LTC residents of the home from December 17, 2018, to June 02, 2019. The Inspector found no further details to distinguish which of the home's eight identified menus were approved;
- The menus, as provided by the home to the Inspector, did not include three week menu cycles for either the Regular Diet / Minced Texture or Diabetic Diet / Minced Texture diets; and
- None of the menus provided by the home, were found by the Inspector to incorporate a snack menu for afternoon and evening snacks.

During a subsequent interview with the Dietary Supervisor on February 11, 2019, they confirmed to the Inspector that the home provided minced textured diets to residents, but that they were not able to find within the PCC Nutrition Management program a way to generate a minced diet texture for either the Regular Diet or Diabetic Diet menus up to, and including the time of inspection. Additionally, the Dietary Supervisor identified that the home had not yet developed a menu cycle for

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snacks for each of the diets within PCC. Consequently, the Dietary Supervisor confirmed that a review of the home's menus by the RD would not have been able to include a review of the Regular Diet / Minced Texture diet, the Diabetic Diet / Minced Texture diet, or a review of a snack menu as part of any of the eight menus that were implemented by the home on December 14, 2018.

During an interview with the home's RD on February 12, 2019, they reported to Inspector #621 that they completed a review of the home's 2018 Fall Menus and signed off approval on December 12, 2018. When the Inspector inquired as to which menus, (as part of the home's menu cycle), they had reviewed and approved, the RD identified that they were only comfortable stating that their sign off implied they reviewed and approved the three week menus for the Regular Diet / Regular Texture and Regular Diet / Pureed Texture diets. When the Inspector inquired as to whether the RD reviewed and approved a snack menu for either of these two menus, the RD confirmed that they had not.

During an interview with the Administrator/DOC, they reported to Inspector #621 that it was their expectation that the PCC Nutrition Management module had been utilized to develop and implement the home's menu cycles for the regular, diabetic and all texture modified diets by the CO due date; that all the home's menus incorporated between meal snacks; and that the RD had reviewed and approved all of the home's menus, including snacks.

The severity of this issue was determine to be a level two, as there was a potential for harm to the residents of the home. The scope of the issue was a level two, as there was a pattern where residents of the home on therapeutic and texture modified diets were affected. The home had a level three compliance history, as there was related non-compliance with this section of Ontario Regulation 79/10 that included:

- Written Notification (WN) issued on October 29, 2018, in report #2018_657681_0024; and
- Compliance Order (CO) issued on June 21, 2018, in report #2018_657681_0010, with a compliance due date of September 28, 2018. (621)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 21, 2019(A2)

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
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foyers de soins de longue durée*,
L. O. 2007, chap. 8

Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10,
s. 75. (2) A person hired as a nutrition manager after the coming into force of
this section must be an active member of the Canadian Society of Nutrition
Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Order / Ordre :

The licensee must be compliant with s.75(2) of Ontario Regulation 79/10.

Specifically, the licensee must:

Ensure that a person hired as a nutrition manager for the home is an active
member of the Canadian Society of Nutrition Management or a Registered
Dietitian.

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure that a person hired as a nutrition manager after the coming into force of this section was an active member of the Canadian Society of Nutrition Management or a Registered Dietitian.

During an interview with the Dietary Supervisor, they informed Inspector #621 that they were hired into the role of Nutrition Manager (NM) for the home in April 2018, and previously they had worked in the capacity of a Dietary Aide for the home. The Dietary Supervisor confirmed that they were not a Registered Dietitian and that they were not an active member of the Canadian Society of Nutrition Management (CSNM). Further, the Dietary Manager identified that about a month earlier, they became aware of the need to become a member of the CSNM to meet the legislative requirements of their position.

During an interview with the Administrator/Director of Care (DOC), they reported to the Inspector that the Dietary Supervisor served as the Nutrition Manager of the home. When the Inspector inquired into the Dietary Supervisor's qualifications for the position of Nutrition Manager, the Administrator/DOC identified that the Dietary Supervisor had completed a course prior to being hired, and thought that the course met the legislative requirements. At the time of inspection however, the home was unable to provide evidence to the Inspector that the Dietary Supervisor was a registered and current member of the CSNM.

Although the home did not have a compliance history pursuant to this specific area of the legislation, the compliance order was issued as the severity of this issue was determined to be a level two, as there was a potential for harm to the residents of the home. The scope of the issue was a level three, as it related to the managed food and nutrition services of all the residents in the home. (621)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Oct 21, 2019(A2)

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

Ordre(s) de l'inspecteur

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REVIEW/APPEAL 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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

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Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of September, 2019 (A2)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by JULIE KUORIKOSKI (621) - (A2)

Order(s) of the Inspector

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foyers de soins de longue durée*,
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**Service Area Office /
Bureau régional de services :**

Sudbury Service Area Office