



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 25, 26, 28, 29, Nov 1, 2, 2011	2011_088135_0021	Follow up

Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.
195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7

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

LANARK HEIGHTS LONG TERM CARE CENTRE
46 LANARK CRESCENT, KITCHENER, ON, N2N-2Z8

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Regional Manager, Director of Care, 2 Assistant Directors of Care, Food Services Supervisor, 4 Registered Practical Nurses, 2 Personal Support Workers, 4 Dietary Aides, 1 cook and 16 Residents.

During the course of the inspection, the inspector(s) reviewed resident's health records, policies and procedures and observed 3 meal services and 1 snack service in the home.

The following Inspection Protocols were used during this inspection:

Dining Observation

Nutrition and Hydration

Snack Observation

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:**

s. 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,
(a) a goal in the plan is met;
(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. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. In record review observed high risk resident was not reassessed nor was the plan of care reviewed or revised when resident's care needs changed related to weight loss of 4.4 kgs. (8.6%) in October 2011.
 Resident's present weight as recorded October 7, 2011 was 46.6 kgs., below their ideal weight range of 50.8-61.7 kgs.

In record review observed home's Dietitian last assessed the resident October 12, 2011, at that time resident was assessed as being within their ideal weight range at 51 kgs.

In interview, Assistant Director of Care confirmed, resident had not been referred to home's Dietitian regarding resident's weight loss of 4.4 kgs. (8.6%) as of October 7, 2011.

2. In record review observed high risk resident was not reassessed nor was plan of care reviewed or revised when resident's care needs changed related to weight loss of 4.5 kgs. (8.5%) in October 2011.
 Resident's present weight of 48.3 kgs. is below their ideal weight range of 52.2 to 64 kgs.

Home's Dietitian last assessed the resident September 23, 2011, at that time resident weighed 52.8 kgs. and was within their ideal weight range.

In interview, Assistant Director of Care confirmed resident had been referred to home's Dietitian regarding resident's weight loss of 4.5 kgs. (8.5%) as of October 3, 2011.
 [LTCHA, 2007, S.O. 2007, c.8,s.6(10)(b)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



**Ministry of Health and
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Specifically failed to comply with the following subsections:

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,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. In review of Resident' fluid intake as documented in the Meal Time and Snack Food and Fluid Intake record, October 16-24, 2011; observed resident's average daily intake was 667 mls./day or 48% of their daily fluid target of 1395 mls./day as per the plan of care.

In review of home's Hydration-Interventions Policy, RNC03-03-05 March 2011, observed the following interventions as per the hydration policy were not provided to resident when their intake for 3 consecutive, 24 hour periods was below 1200 mls. or 500 mls. less than the RD target level, October 16-24, 2011:

- Residents to be offered 250 mls. of juice/water at snacks.
- "Raindrop" magnet is placed on resident's door frame to signify for staff that resident is at risk of low fluid intake.
- Resident's dining room table place setting to have a "raindrop" to signify for staff, resident needs encouragement to increase fluids.
- Residents are provided jello to increase their fluid consumption at lunch.

Observed during pm. snack service October 25, 2011, resident was not offered 250 mls. of juice/water and there was no "raindrop" magnet on resident's door frame to signify to staff resident was at risk of low fluid intake.

In interview, Personal Support Worker serving snack, stated she was unaware resident was at risk for low fluid intake and was unsure what the process was to increase fluid consumption for resident's at risk of low fluid intake. She stated "We used to use water jugs. I don't believe we do that any longer".

Lunch service observed resident's dining room table place setting and there was no "raindrop" to signify resident needed encouragement to increase fluids. Resident was not offered Jello at lunch to increase their fluid consumption.

In interview home's Assistant Director of Care confirmed "raindrops" were missing on resident's door frames and her expectation was resident's were to be offered extra fluids at snack as per the home's hydration policy.

2. In review of Home's Weight and Height Monitoring policy RCM08-01-11 August 2011, policy states; if a new weight represents a significant change of 5% or 2 kgs. of either weight loss or weight gain, the new weight should not be entered into the chart until a re-weigh can be completed and the weight verified.

Home's Weight and Height Monitoring policy RCM08-01-11 August 2011, was not complied with when high risk resident, with weight loss of 4.4 kgs (8.63%) for October, 2011 was not reweighed as of October 26, 2011. Resident's weight October 7, 2011 is 4.2 kgs., below their Ideal Body Weight as per the plan of care.

In interview Assistant Director of Care confirmed, resident should have been reweighed when there was a weight variance of 4.4 kgs or 8.63 % in one month as per home's Weight and Height Monitoring policy RCM08-01-11, August 2011.

3. In review of the home's Hydration-Interventions policy RNC03-03-05, March 2011 policy states; all staff must ensure they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.

Homes' Hydration-Interventions policy RNC03-03-05, March 2011 was not complied with when high risk residents for ongoing poor nutrition and low fluid intakes did not have their responses to nutritional supplements at meals documented on their Meal Time and Snack Food and Fluid Intake Records (RNC07-04-01A), as follows:

Resident's response to supplement intervention was not documented on 27 occasions or 90% of the time, October 16-25, 2011.

Resident's response to supplement intervention was not documented on 17 occasions or 56.6 % of the time, October 16-25, 2011.

Resident's response to supplement intervention was not documented on 11 occasions or 36.6 % of the time, October 16-25, 2011.

In interview home's Director of Care and Assistant Director of Care confirmed their expectations resident's nutritional

interventions be documented as per the home's Hydration-Interventions policy RNC03-03-05, March 2011.
[O.Reg.79/10,s.8(1)(b)]

Additional Required Actions:

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

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements
Specifically failed to comply with the following subsections:**

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. In review of the home's Hydration-Interventions policy RNC03-03-05, March 2011 policy states; all staff must ensure that they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.

Observed the following high risk residents for ongoing poor nutrition and low fluid intake did not have their responses to nutritional supplements at meals documented on their Meal Time and Snack Food and Fluid Intake Records (RNC07-04-01A), as follows:

Resident's response to supplement intervention was not documented on 27 occasions or 90% of the time, October 16-25, 2011.

Resident's response to supplement intervention was not documented on 17 occasions or 56.6 % of the time, October 16-25, 2011.

Resident's response to supplement intervention was not documented on 11 occasions or 36.6 % of the time, October 16-25, 2011.

In interview home's Director of Care and Assistant Director of Care confirmed their expectations that resident's nutritional interventions be documented as per the home's Hydration-Interventions policy RNC03-03-05, March 2011.

Additional Required Actions:

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

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
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. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :

1. In record review observed high risk resident with a weight loss of 4.4 kgs.(8.6%) in October 2011 was not assessed using an interdisciplinary approach for weight loss greater than 5% in one month. Resident's present weight of 46.6 kgs. is below their ideal weight range of 50.8 to 61.7 kgs.

In interview, Assistant Director of Care confirmed resident had not been referred to home's Dietitian for weight loss of 4.4 kgs. (8.6%) as of October 7, 2011; a change of 5 per cent of body weight, or more, over one month.

2. In record review observed high risk resident with a weight loss of 4.5 kgs (8.5%) in October 2011 was not assessed nor was the plan of care revised for weight loss greater than 5% in one month. Resident's present weight of 48.3 kgs. is below her ideal weight range of 52.2 to 64 kgs.

In interview, Assistant Director of Care confirmed resident had been referred to home's Dietitian regarding resident's weight loss of 4.5 kgs.(8.5%) as of October 3, 2011.

In record review, home's Dietitian last assessed the resident September 23, 2011 and at that time resident was within their Ideal weight range at 52.8 kgs. [O.Reg. 79/10, s.69(1)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

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.**
- 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
- 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
- 4. Monitoring of all residents during meals.**
- 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
- 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
- 7. Sufficient time for every resident to eat at his or her own pace.**
- 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
- 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.**
- 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. During pm. snack service, October 25, 2011 in home area, observed 5 residents were not safely positioned when staff member stood to feed residents their snacks.

In interview, Personal Support Worker serving snacks confirmed residents were not safely positioned during pm. snack service. [O.Reg. 79/10, s.73(1)10.]



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Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 3rd day of November, 2011

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

Bonnie MacDonald



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

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*

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

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 System Accountability and Performance Division
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Direction de l'amélioration de la performance et de la conformité

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BONNIE MACDONALD (135)
Inspection No. / No de l'inspection :	2011_088135_0021
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Oct 25, 26, 28, 29, Nov 1, 2, 2011
Licensee / Titulaire de permis :	DEVONSHIRE ERIN MILLS INC. 195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7
LTC Home / Foyer de SLD :	LANARK HEIGHTS LONG TERM CARE CENTRE 46 LANARK CRESCENT, KITCHENER, ON, N2N-2Z8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DEBBIE BOAKES

To DEVONSHIRE ERIN MILLS INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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

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 : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 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,

- (a) a goal in the plan is met;
- (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. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee must ensure residents are reassessed and the plans of care reviewed and revised when,
(b) resident's care needs change related to weight loss.

Grounds / Motifs :

1. In record review observed high risk resident was not reassessed nor was plan of care reviewed or revised when resident's care needs changed related to weight loss of 4.5 kgs (8.5%) in October 2011. Resident's present weight of 48.3 kgs. is below their ideal weight range of 52.2 to 64 kgs.

Home's Dietitian last assessed the resident September 23, 2011, at that time resident weighed 52.8 kgs. and was within their Ideal weight range.

In interview, Assistant Director of Care confirmed resident had been referred to home's Dietitian regarding resident's weight loss of 4.5 kgs. (8.5%) as of October 3, 2011. [LTCHA, 2007, c.8,s.6(10)(b)] (135)

2. In record review observed high risk resident, was not reassessed nor was the plan of care reviewed or revised when resident's care needs changed related to weight loss of 4.4 kgs. (8.6%) in October 2011.

Resident's present weight as documented October 7, 2011 was 46.6 kgs., below resident's ideal weight range of 50.8-61.7 kgs.

In record review, observed home's Dietitian last assessed the resident October 12, 2011, at that time resident was assessed as being within their ideal weight range at 51 kgs.

In interview, Assistant Director of Care confirmed, resident had not been referred to home's Dietitian regarding resident's weight loss of 4.4 kgs. (8.6%) as of October 7, 2011.

[LTCHA, 2007, c.8,s.6(10)(b)] (135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 02, 2011

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

Pursuant to / Aux termes de :



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

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*

**Ministère de la Santé et
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Ordre(s) de l'inspecteur
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de soins de longue durée, L.O. 2007, chap. 8*

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,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must ensure that any policy, procedure or system is complied with related to assessment of resident's weight loss, reweighs and accurate complete documentation of food, fluids and supplements for residents at risk.

Grounds / Motifs :

1. In review of the home's Hydration-Interventions policy RNC03-03-05 March 2011, policy states; all staff must ensure they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.

Homes' Hydration-Interventions policy RNC03-03-05, March 2011 was not complied with when high risk residents for ongoing poor nutrition and low fluid intakes did not have their responses to nutritional supplements at meals documented on their Meal Time and Snack Food and Fluid Intake Records (RNC07-04-01A), as follows:

Resident's response to supplement intervention was not documented on 27 occasions or 90% of the time, October 16-25, 2011.

Resident's response to supplement intervention was not documented on 17 occasions or 56.6 % of the time, October 16-25, 2011

Resident's response to supplement intervention was not documented on 11 occasions or 36.6 % of the time, October 16-25, 2011.

In interview home's Director of Care and Assistant Director of Care confirmed their expectations resident's nutritional interventions be documented as per the home's Hydration-Interventions policy RNC03-03-05, March 2011.

[O.Reg. 79/10, s.8(1)(b)] (135)

2. In review of home's Weight and Height Monitoring policy , RCMO8-01-11 August 2011, policy states; if a new weight represents a significant change of 5% or 2 kgs., of either weight loss or weight gain, the new weight should not be entered into the chart until a re-weigh can be completed and the weight verified.

Home's Weight and Height Monitoring policy, RCMO8-01-11 August 2011, was not complied with when high risk resident with weight loss of 4.4 kgs (8.63%) for October, 2011 was not reweighed as of October 26, 2011.

Resident's weight as of October 7, 2011 was 4.2 kgs. (8.63%) below their Ideal Body Weight as per the plan of care.

In interview Assistant Director of Care confirmed, resident should have been reweighed when there was a weight variance of 4.4 kgs or 8.63 % in one month as per home's Weight and Height Monitoring policy RCMO8-01-11, August 2011.

[O.Reg. 79/10, s.8(1)(b)] (135)

3. In review of resident's fluid Intake as documented in the Meal Time and Snack Food and Fluid Intake record, October 16-24, 2011; observed resident's average daily intake was 667 mls./day or 48% of their daily fluid target of 1395 mls./day as per the plan of care.

In review of home's Hydration-Interventions Policy March 2011, RNC03-03-05 observed the following interventions as per the hydration policy were not provided to resident, when their intake for 3 consecutive, 24 hour periods was below 1200 mls. or 500 mls. less than the RD target level, October 16-24, 2011:



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de l'article 154 de la *Loi de 2007 sur les foyers
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- Residents to be offered 250 mls. of juice/water at snacks.
- "Raindrop" magnet is placed on resident's door frame to signify to staff that resident is at risk of low fluid intake.
- Resident's dining room table place setting to have "raindrop" to signify to staff, residents needs encouragement to increase fluids.
- Residents are provided jello to increase their fluid consumption at lunch.

Observed during pm. snack service October 25, 2011, resident was not offered 250 mls. of juice/water and there was no "raindrop" magnet on resident's door frame to signify to staff resident was at risk of low fluid intake. In interview, Personal Support Worker serving snack, stated she was unaware resident was at risk for low fluid intake and was unsure what the process was to increase fluid consumption for resident's at risk of low fluid intake. She stated "We used to use water jugs. I don't believe we do that any longer".

Lunch service observed resident's dining table place setting and there was no "raindrop" to signify resident needed encouragement to increase fluids. Resident was not offered Jello at lunch.

In interview home's Assistant Director of Care confirmed "raindrops" were missing on resident's door frames and her expectation would be resident's were to be offered extra fluids at snack as per the home's hydration policy.
[O.Reg. 79/10, s.8(1)(b)] (135)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 09, 2011



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

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*

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

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 : 003 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Order / Ordre :

The licensee shall ensure that any actions taken with respect to a resident under a program, including interventions and resident's responses to interventions are documented to include all food, fluids and nutritional supplements.

Grounds / Motifs :

1. In review of the home's Hydration-Interventions policy, RNC03-03-05 March 2011 policy states; all staff must ensure that they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.

Observed the following high risk residents for ongoing poor nutrition and low fluid intakes did not have their responses to nutritional supplements at meals documented on their Meal Time and Snack Food and Fluid Intake Records (RNC07-04-01A), as follows:

Resident's response to supplement intervention was not documented on 27 occasions or 90% of the time, October 16-25, 2011.

Resident's response to supplement intervention was not documented on 17 occasions or 56.6 % of the time, October 16-25, 2011

Resident's response to supplement intervention was not documented on 11 occasions or 36.6 % of the time, October 16-25, 2011.

In interview home's Director of Care and Assistant Director of Care confirmed their expectations that resident's nutritional interventions be documented as per the home's Hydration-Interventions policy RNC03-03-05, March 2011. (135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 02, 2011



**Ministry of Health and
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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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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 : 004 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 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. O. Reg. 79/10, s. 69.

Order / Ordre :

The licensee shall ensure that residents with a weight change of 5% of body weight or more over one month shall be assessed using an interdisciplinary approach, and that actions are taken and outcomes evaluated.

Grounds / Motifs :

1. In record review observed high risk resident with a weight loss of 4.5 kgs. (8.5%) in October 2011 was not assessed nor was the plan of care revised for weight loss greater than 5% in one month. Resident's present weight of 48.3 kgs. is below their ideal weight range of 52.2 to 64 kgs.

In interview, Assistant Director of Care confirmed resident had been referred to home's Dietitian regarding resident's weight loss of 4.5 kgs. (8.5%) as of October 3, 2011.

In record review, home's Dietitian last assessed the resident September 23, 2011 and at that time resident was within their Ideal weight range at 52.8 kgs. [O.Reg. 79/10, s.69(1)] (135)

2. In record review observed high risk resident, with a weight loss of 4.4 kgs. (8.6%) in October 2011 was not assessed using an interdisciplinary approach for weight loss greater than 5% in one month. Resident's present weight of 46.6 kgs. is below their ideal weight range of 50.8 to 61.7 kgs.

In interview, Assistant Director of Care confirmed, resident had not been referred to home's Dietitian for weight loss of 4.4 kgs. (8.6%) as of October 7, 2011; a change of 5 per cent of body weight, or more, over one month. [O.Reg. 79/10, s.69(1)] (135)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 02, 2011



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

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

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 : 005 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
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.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

The Licensee shall ensure the home has a dining and snack service that includes, at a minimum, the following elements: Proper techniques to assist residents with eating, including safe positioning of residents who require assistance during home's snack service.

Grounds / Motifs :

1. During pm. snack service, October 25, 2011 in home area, observed 5 residents were not safely positioned when staff member stood to feed residents their snacks:

In interview Personal Support Worker serving snack, confirmed residents were not safely positioned during pm. snack service.

[O.Reg. 79/10, s.73(1)10.] (135)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 09, 2011



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

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

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

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

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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue 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 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:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.



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

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*

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

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*

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 2nd day of November, 2011

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

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

**Service Area Office /
Bureau régional de services :** London Service Area Office