



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jan 16, 17, 18, 19, Feb 8, 9, 14, 2012; 2012_088135_0004; 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 Administrator, Director of Care, 2 Assistant Directors of Care, Dietitian, Food Service Manager, 1 Registered Practical Nurse, 2 Personal Support Workers, 1 Restorative Care Aide and family member.

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

Log#-L-000065-12

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 WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records 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. During lunch service January 18, 2012, observed the home's Hydration-Intervention policy RNC03-03-05, January 2012, was not complied with when the following interventions were not provided a resident, when their intake for 3 consecutive days, January 13-17, 2012, was below their target fluid level of 1174 mls./day:

Resident was not offered Jello at lunch to increase their fluid consumption, nor did their table place setting have a "raindrop" to signify to staff resident needs encouragement to increase fluids.

2. In review of the home's Hydration-Intervention policy, RNC03-03-05, January 2012, policy states; all staff (nursing, programs, food services, restorative, etc.) must ensure they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.

Home's Hydration-Intervention policy was not complied with January 1-15, 2012, when high risk residents for ongoing low fluid intake did not have their responses to nutritional supplements at meals documented on the Food and Fluid Intake record as follows:

- Resident's response to supplement was not documented on 15 occasions or 33.3% of the time.
- Resident's response to supplement was not documented on 17 occasions or 37.7% of the time.
- Resident's response to supplement was not documented on 22 occasions or 48.8% of the time.
- Resident's response to supplement was not documented on 19 occasions or 42.2% of the time.
- Resident's response to supplement was not documented on 22 occasions or 48.8% of the time.

In interview January 18, 2012, home's Assistant Director of Care confirmed her expectation resident's nutritional supplement interventions be documented as per the home's Hydration-Intervention policy RNC03-03-05, January 2012. [O.Reg.79/10,s.8(1)(b)]



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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. 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-Intervention policy, RNC03-03-05, January 2012, policy states; all staff (nursing, programs, food services, restorative, etc.) must ensure that they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring. January 1-15, 2012, observed the following home area high risk residents for ongoing poor nutrition and low fluid intakes did not have their responses to nutritional supplements at meals documented on the Food and Fluid Intake records as follows:

- Resident's response to supplement was not documented on 15 occasions or 33.3% of the time.
Resident's response to supplement was not documented on 17 occasions or 37.7% of the time.
Resident's response to supplement was not documented on 22 occasions or 48.8% of the time.
Resident's response to supplement was not documented on 19 occasions or 42.2% of the time.
Resident's response to supplement was not documented on 22 occasions or 48.8% of the time.

In interview January 18, 2012, home's Assistant Director of Care confirmed her expectation resident's responses to nutritional supplement interventions be documented as per the home's Hydration-Intervention policy RNC03-03-05, January 2012.

Additional Required Actions:

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

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Rows include LTCHA, 2007 S.O. 2007, c.8 s. 6., O.Reg 79/10 r. 69., and O.Reg 79/10 r. 73.

Issued on this 14th day of February, 2012



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
prévus le Loi de 2007 les
foyers de soins de longue

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

Bonnie MacDrold



**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
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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BONNIE MACDONALD (135)
Inspection No. / No de l'inspection :	2012_088135_0004
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	<i>Bmal</i> Jan 16 , 17, 18, 19, Feb 8, 9, 14, 2012
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 :	<i>Hildy Nickel</i> 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) (a)

Linked to Existing Order /
Lien vers ordre existant: 2011_088135_0021, CO #002

Pursuant to / Aux termes de :

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 accurate complete documentation of food, fluids and supplements for residents at risk and ensure the provision of interventions as per the home's hydration policy.

Grounds / Motifs :

1. In review of the home's Hydration-Intervention policy, RNC03-03-05 January 2012 policy states; all staff (nursing, programs, food services, restorative, etc.) must ensure they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.

Home's Hydration-Intervention policy was not complied with when high risk residents for ongoing low fluid intake did not have their responses to nutritional supplements at meals documented on their Food and Fluid Intake record as follows January 1-15, 2012:

Resident's response to supplement was not documented on 15 occasions or 33.3% of the time.
Resident's response to supplement was not documented on 17 occasions or 37.7% of the time.
Resident's response to supplement was not documented on 22 occasions or 48.8% of the time.
Resident's response to supplement was not documented on 19 occasions or 42.2% of the time.
Resident's response to supplement was not documented on 22 occasions or 48.8% of the time.

In interview January 18, 2012, home's Assistant Director of Care confirmed her expectation resident's nutritional supplement interventions be documented as per the home's Hydration-Intervention policy RNC03-03-05, January 2012. (135)

2. Home's Hydration-Intervention policy RNC03-03-05, January 2012, was not complied with when resident, was not offered Jello at lunch January 18, 2012 to increase their fluid consumption, nor did their table place setting have a "raindrop" symbol when resident's intake for 3 consecutive days, January 13-17, 2012, was below their target fluid level of 1174 mls./day.
[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 : Mar 05, 2012



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

Linked to Existing Order /
Lien vers ordre existant: 2011_088135_0021, CO #003

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-Intervention policy, RNC03-03-05 January 2012, policy states; all staff (nursing, programs, food services, restorative, etc.) must ensure that they record the fluid intake properly for each resident daily to ensure accuracy of fluid monitoring.
January 1-15, 2012, observed the following home area high risk residents for ongoing poor nutrition and low fluid intakes did not have their responses to nutritional supplements at meals documented on the Food and Fluid Intake records as follows:

Resident's response to supplement was not documented on 15 occasions or 33.3% of the time.
Resident's response to supplement was not documented on 17 occasions or 37.7% of the time.
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In interview January 18, 2012, home's Assistant Director of Care confirmed her expectation resident's responses to nutritional supplement interventions be documented as per the home's Hydration-Intervention policy RNC03-03-05, January 2012. (135)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 05, 2012



**Ministry of Health and
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Order(s) of the Inspector
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section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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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 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.



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Pursuant to section 153 and/or
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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 14th day of February, 2012

**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