



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

Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la  
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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
Apr 25, 30, 2012	2012_088135_0015	Complaint

**Licensee/Titulaire de permis**

MAPLEWOOD NURSING HOME LIMITED  
500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4

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

MAPLE MANOR NURSING HOME  
73 BIDWELL STREET, TILLSONBURG, ON, N4G-3T8

**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 Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Operations Controller/Assistant Administrator, Nutritional Manager, Cook, 3 Dietary Aides, 1 Personal Support Worker and 4 Residents.

During the course of the inspection, the inspector(s) reviewed food production records, staffing schedules, complaint procedures, observed lunch service and interviewed residents.

Log# L-000376-12

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  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. 72. Food production**  
**Specifically failed to comply with the following subsections:**

**s. 72. (2) The food production system must, at a minimum, provide for,**  
**(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;**  
**(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;**  
**(c) standardized recipes and production sheets for all menus;**  
**(d) preparation of all menu items according to the planned menu;**  
**(e) menu substitutions that are comparable to the planned menu;**  
**(f) communication to residents and staff of any menu substitutions; and**  
**(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

**s. 72. (6) The licensee shall ensure that the home has,**  
**(a) sufficient storage capacity to support the home's menu requirements;**  
**(b) institutional food service equipment with adequate capacity to prepare, transport and hold perishable hot and cold food at safe temperatures; and**  
**(c) institutional food service equipment with adequate capacity to clean and sanitize all dishes, utensils and equipment related to food production and dining and snack service. O. Reg. 79/10, s. 72 (6).**

**Findings/Faits saillants :**

1. April 25, 2012, during lunch service in Main Dining room observed home's steam table did not provide adequate capacity to hold perishable hot food at safe temperatures during meal service. The following items were noted as not being held at safe temperatures (minimum of 140F) when probed during lunch service:

Cod Nuggets 100F and Potato Dollar Chips at 103F.

In interview, home's Nutritional Manager confirmed home was no longer able to purchase the correct size steam table pans to fit the steam table; therefore pans sit on top of the steam table. She stated the Licensee was investigating the purchase of a new steam table to hold perishable foods at safe temperatures but she did not know when that might be. [O.Reg. 79/10, s. 72.(6)(b)]

2. April 25, 2012, in record review with Nutritional Manager, 45 menu items were reviewed to determine if standardized recipes for all menu items were available to direct staff in production of the April 25 menu. It was observed that 17 recipes (37.7%) were not available to assist staff in preparing menu items. Some of the missing standardized recipes included:

Puree Oatmeal, Puree and Ground Prunes, Ground and Puree Potato Dollar Chips, Ground Oven Baked Potatoes, Ground and Puree Peas and Pearl Onions and Spaghetti with Meat Sauce.

In interview, Nutritional Manager confirmed recipes are to be available to direct staff in the production of the daily menu items. [O.Reg. 79/10, s. 72.(2) (c)]

**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 ensuring adequate institutional food service equipment is available to hold hot foods at safe temperatures and the food production system provides for standardized recipes for all menu items, to be implemented voluntarily.***

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**WN #2: 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).**

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**Findings/Faits saillants :**

1. April 25, 2012, during lunch service in Main Dining room four residents returned their Chicken Rice Soup as it was "cold". Temperature of the soup was probed at 98F during lunch service.  
In interview with home's Nutritional Manager she confirmed this was not a safe and palatable temperature for serving hot soup.  
[O.Reg. 79/10, s. 73.(1) 6.]

**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 ensuring residents are served foods at a temperature that is both safe and palatable, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**  
Specifically failed to comply with the following subsections:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. A response shall be made to the person who made the complaint, indicating,
  - i. what the licensee has done to resolve the complaint, or
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

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**Findings/Faits saillants :**

1. April 25, 2012, in interview home's Nutritional Manager confirmed she had not responded to the complainant indicating what licensee had done to resolve the written complaint of January 17, 2012, concerning the care of residents. In the complaint staff member was alleged as yelling and being rude to residents.[O.Reg. 79/10, s.101.(1)3.i.]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**  
Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

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**Findings/Faits saillants :**

1. April 25, 2012, during lunch service in main dining room observed residents on puree diets were not offered a choice of the alternate menu item i.e. puree mini submarine sandwich.  
In interview April 25, 2012, the Nutritional Manager confirmed her expectation residents on puree diets are offered a choice between the two menu items offered at meal times. [O.Reg. 79/10, s. 71.(4)]



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Issued on this 30th day of April, 2012

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

*Bonnie Mac Donald*