



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

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

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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

**Date(s) of inspection/Date de
l'inspection**
February 15, 16, 17, 18, 2011

Inspection No/ d'inspection
2011_159_2408_14Feb163354

**Type of Inspection/Genre
d'inspection**
H- 00378 Follow-Up

Licensee/Titulaire
Dallov Holdings limited
441 Maple Avenue, Burlington, ON L7S 1L8

Long-Term Care Home/Foyer de soins de longue durée
Maple Villa
441 Maple Avenue Burlington, ON L7S 1L8

Name of Inspecto/Nom de l'inspecteur(s)
Asha Sehgal

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection of the following previously identified non-compliance:

Follow up inspection of August 18, 2008

Unmet criteria: B1.6, B2.4, B3.23, P1. 4, P1.14, P1.18, P1.27

During the course of the inspection, the inspector spoke with: Director of Care, Administrator, RAI coordinator, Registered Nursing staff, Food Service Manager, Dietitian, Personal Support Service workers (PSWs), Dietary staff and Residents.

During the course of the inspection, the inspector: Reviewed residents' health care records, reviewed policy and procedures, observed noon meal service, morning and afternoon nourishment pass, toured the home and observed staff routine duties.

The following Inspection Protocols were used in part or in whole during this inspection:

Resident IPs-Nutrition and Hydration

Home IPs – Dining Observation, Food Quality, Snack Observation

Findings of Non-Compliance were found during this inspection. The following action was taken:

8 WN

8 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O.2007, c. 8, s. 6 (10) (b) and (c) 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, 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 of care has not been effective. 2007, c. 8, s. 6 (10)

Findings:

1. The plan of care for identified resident # 1 was not revised when the resident's care needs changed. The plan of care stated resident experiencing a problem related to nutrition and required specified texture diet. The plan of care for the problem was not revised to reflect the current resident's needs. The diet stated in the plan of care for the resident was not correct for the current texture ordered. Quarterly assessment dated November 2010, was not completed relation to resident's therapeutic and texture modified diet.
2. An identified resident # 2 was not reassessed and the plan of care not revised when there was a significant decline in the resident's hydration status. Documentation in the progress notes indicates resident has been consistently consuming less fluid than assessed fluid requirements after returning from the hospital in 2011.
3. In 2011, attending physician ordered the resident to have additional fluids. No record found that the resident was reassessed for hydration needs and the plan of care was revised/reviewed.
4. The plan of care for resident # 3 was not revised to reflect when the resident's care needs changed. The plan of care for the resident was not revised related to end of life care. The plan of care for palliative care needs does not reflect the current status of the resident, resulting in unclear direction for staff providing care. Interviewed staff stated and confirmed that the care needs set out in the plan no longer necessary as the resident was not palliative.

Inspector ID #: 159

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 with ensuring that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, 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 of care has not been effective to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O.2007, c. 8, s. 6(4)(b)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings:

1. The nutritional assessment and the plan of care for the resident were not consistent with each other. Discrepancies were noted in the RAI-MDS coding and RAPS documentation related to Palliative care for resident. The Nutritional Status and hydration RAPS completed by the dietitian on December 2011 stated the care plan reviewed and updated with palliative goal, however, resident observed at noon meal eating in the dining room, walking with walker and was able to mobilize independently.
2. The physiotherapist had documented interventions for resident "increase physical activity" Staff involved in the care of the resident did not collaborate with each other in the development of the plan of care.

Inspector ID #: 159

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 with ensuring that the staff and others involved in the different aspects of care of the resident collaborate with each other, in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other to achieve compliance to be implemented voluntarily.

WN #: 3 The Licensee has failed to comply with O.Reg. 79/10, s. 26(4)(a)(b)

The licensee shall ensure that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and The licensee shall ensure that a registered dietitian who is a member of the staff of the home, assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

Findings:

1. The multidisciplinary progress note dated February 2011 indicated that an identified resident # 4 was palliative. There was no documented interdisciplinary assessment completed by registered dietitian relating to nutritional status. Plan of care was not revised to reflect change in resident's health status. The plan of care for resident # 4 did not state that the resident was palliative.
2. Progress note dated February 2011 stated that the resident was receiving additional fluids due to hydration issues. The plan of care for the resident was not based on interdisciplinary assessment relating to hydration issues. Resident's hydration status was not care planned with goals, minimizing and avoiding complication associated with dehydration.
3. The Registered Dietitian did not complete nutritional assessment for the resident # 5 when resident returned from hospital with significant change in health status. The plan of care for the resident had identified resident requiring palliative care, however, there was no assessment documented in relation to resident's nutritional status, and the plan of care did not include goals and interventions for palliative care.

Inspector ID #:	159
------------------------	-----

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 with ensuring that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and The licensee shall ensure that a registered dietitian who is a member of the staff of the home, assesses the matters referred to in paragraphs 13 and 14 of subsection (3), to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s. 69.1

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.

Findings:

An identified resident had a documented 5% weight loss for the month of February 2011, documentation in the resident's record did not reflect that the significant weight change was assessed.

Inspector ID #:	159
------------------------	-----

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 that, residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: A change of 5 per cent of body weight, or more, over one month, to be implemented voluntarily.

WN # 5: The Licensee has failed to comply with O.Reg. 79/10, s. 72(2)(c) (d)

(c) The food production system must, at a minimum, provide for, standardized recipes and production sheets for all menus; (d) The food production system must, at a minimum, provide for, preparation of all menu items according to the planned menu.

Findings:

1. February 17, 2011, during the observation of the noon meal food production it was noted and interview with the cook on duty confirmed that recipes for minced and pureed entrées were not available.
2. Food production sheets for all menu items were not available. The cook on duty did not have food production sheet/guide to follows for the correct recipe resulting in under production and inappropriate quantities.
3. February 17, 2011 menu items for pureed diet were not prepared according to the planned menu. The residents requiring pureed diets were served pureed beef and bread, the planned lunch menu for pureed diet called for pureed Philly sandwich.

Inspector ID #:	159
------------------------	-----

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 with ensuring that the food production system must, at a minimum, provide for, standardized recipes and production sheets for all menus; (d) The food production system must, at a minimum, provide for, preparation of all menu items according to the planned menu, to be implemented voluntarily.

WN # 6: The Licensee has failed to comply with O.Reg. 79/10, s. 72(3)(a)

The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, preserve taste, nutritive value, appearance and food quality; and

Findings:

On February 17, 2011, recipes were not followed for menu items i.e. Quiche Lorraine, Philly sandwiches prepared and served for lunch meal. Ingredients were not weighed and measured i.e. correct amount of cheese, and milk were not used for quiche, some ingredients (parmesan cheese) were omitted, resulting in reduced protein and nutritional value of the meal.

Beef entrée for pureed diet was thickened with excessive amount of instant potatoes resulting reduced protein and nutritional content, compromised taste and appearance.

Inspector ID #: 159

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 with ensuring that all food and fluids in the food production system are prepared, stored, and served using methods to, preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN # 7: The Licensee has failed to comply with O.Reg. 79/10, s. 73(1)5
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: A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

Findings:

February 15, 2011, resident # 5 was served cold fruit plate (pureed cottage cheese, peaches and pineapple, and bread) for lunch meal. Resident refused to eat cold meal served and requested hot food and mashed potatoes. Dietary staff was not aware of resident's hot food preference. The plan of care for the resident stated resident has identified food intolerances Dietary staff interviewed stated that alternate choice of menu stuffed peppers prepared with tomato sauce was not served to resident due to food intolerances. Appropriate menu substitute was not readily available for resident, resident had to wait 30+ minutes for the meal.

Inspector ID #: 159

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 with ensuring that the home has a dining and snack service that includes, at a minimum, the following elements: A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

WN # 8: The Licensee has failed to comply with O.Reg. 79/10, s. 8 (1)(b)
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, and is complied with.

Findings:

The home's policy and procedure dated March 2009 related to diabetic monitoring was not complied with for a resident. In February 2011 resident's Capillary Blood Sugar reading prior to breakfast was documented 2.1 mmol/ L. Documentation in the progress notes indicated that the CBS was rechecked after the breakfast and the reading recorded was 3.2 mmol/ L. The Home's policy states "if the resident's blood sugar is less than 4.0 mmol/L nursing staff will immediately give 15 grams of carbohydrate to raise the blood sugar. Nursing staff will recheck the resident's blood sugar again within 15 minutes after treatment". Home's policy for hypoglycemia was not followed; identified resident did not receive treatment when the CBS reading was less than 4.0 mmo1/L.

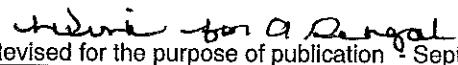
Inspector ID #: 159

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 with ensuring that 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, and is complied with, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, LTCHA, 2007, s. 71 (2) (b) (previously issued as P1.4)			08/18/2008	159
O.Reg. 79/10 LTCHA, 2007, s. 71 (3) (Previously issued P1.18)			08/18/2008	159
O.Reg. 79/10 LTCHA, 2007, S.O. 2007, c. 8, s. 11 (1) (a) (Previously issued P1.27)			08/18/2008	159
O.Reg. 79/10 LTCHA, 2007, S.O. 2007, c. 8, s. 6 (7) (Previously issued B3.23)			08/18/2008	159

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title:		 Revised for the purpose of publication - Sept 29, 2011 Date of Report: (if different from date(s) of inspection).	
Date:			