Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 23, 2014	2014_275536_0014	H-000639-14	Resident Quality Inspection

Licensee/Titulaire de permis

DALLOV HOLDINGS LIMITED
441 MAPLE AVENUE, BURLINGTON, ON, L7S-1L8

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

MAPLE VILLA LONG TERM CARE CENTRE
441 MAPLE AVENUE, BURLINGTON, ON, L7S-1L8

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

CATHIE ROBITAILLE (536), JESSICA PALADINO (586), MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 4, 5, 9, 10, 11 and 12, 2014

During the course of the inspection, the inspector(s) spoke with residents, family members, regulated and unregulated workers, Resident Assessment Instrument(RAI)Co-Ordinator, Maintenance Supervisor, housekeeping staff and Food Service Supervisor.

During the course of the inspection, the inspector(s) toured the home, reviewed health records, observed dining & food production, reviewed relevant policies and procedures, complaint log for 2013

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Responsive Behaviours
Skin and Wound Care

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 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:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

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:
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. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee did not ensure that foods and fluids were being served at safe and palatable temperatures in relation to the following:

A) The home's food temperature log indicated that hot foods must be kept at a minimum of 60 degrees Celsius (°C) and cold foods at a maximum of 5°C. Temperatures were taken during the middle of lunch service on June 10, 2014. The egg salad sandwich was 8.1°C and the carrot raisin salad was 10.1°C. The sandwiches were tested again during the middle of the second seating with a temperature of 16.8°C. After the Inspector made the dietary staff aware of this reading, they continued serving the sandwiches to residents.

B) Review of the previous temperature logs demonstrated the following: on June 6, 2014, the juice and milk at breakfast were 6.4°C and 6°C, consecutively; on June 9, 2014, the alternative cold vegetable option was 6.0°C, minced 6.4°C, and pureed 6.2°C; the alternative cold entrée option was 6.4°C, minced 6.2°C, pureed 6.8°C; on June 10, 2014, milk at breakfast was 6°C. [s. 73. (1) 6.]

2. The licensee did not ensure each resident was provided with eating aids and assistive devices to safely eat and drink as comfortable and independently as possible in relation to the following:

A) Resident #001's care plan and diet list stated the resident was to receive soup in a mug at meals. The resident was given soup in a bowl during lunch service on June 10 and 11, 2014.

B) Resident #020's care plan and diet list stated the resident was to receive sippy cups with lids at meals to prevent spilling fluids as the resident is blind. Regular cups were given to the resident during lunch service on June 10 and 11, 2014. [s. 73. (1) 9.]

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care was provided to the following residents as specified in the plan in relation to the following:

A) Resident #021's care plan and diet list stated the resident was to receive a banana daily at lunch. The resident was not given a banana during lunch service on June 10 and 11, 2014. Observation and interview with dietary staff confirmed there were no bananas available in the servery.

B) Resident #020's care plan stated that they were to have one teaspoon of margarine added to food at meals, and two teaspoons for residents #023, #024 and #025, as high calorie nutrition interventions, as well as resident #022 to receive one teaspoon of margarine to moisten food. During lunch service on June 10 and 11, 2014, margarine was not added to the residents' food. On June 10, 2014, dietary staff confirmed there was no margarine available in the servery or on the floor at that time, and stated they would ensure it is brought up the following day. On June 11, 2014, there was still no margarine available or given to the residents. [s. 6. (7)]

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 care set out in the plan of care is provided, to be implemented voluntarily.

WN #3: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that their [Weight Record Policy] reviewed/revised January 2014 was complied with in relation to the following:

The home's Weight Record Policy stated the residents were to be weighed on bath day during the first week (the first to the seventh) of each month, and that the PSW E Co-ordinator was to check each resident's weight daily between the first and the seventh. If a discrepancy was found, they were to have the bath person reweigh the resident. Review of resident health records indicated resident #027's weight was 69.4 kilograms (kg) on May 3, 2014, and 41.5 kg on June 1, 2014. Resident #028's weight was 72.7 kg on March 1, 2014, and 55 kg on April 2, 2014. Resident #029's most recent weight from June 4, 2014, indicated the weight was 791 kg. The residents were not re-weighed as per policy despite these discrepancies. The documentation was not corrected until the information was brought forward to the Resident Assessment Instrument (RAI) Co-ordinator on June 5, 2014. [s. 8. (1) (b)]

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 policies are followed, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee did not ensure that the homes furnishings and equipment were maintained in a safe condition and in a good state of repair in relation to the following:

During the inspection the following was observed:

-Chipped and/or splintered wooden doors in resident bedrooms: #101,#109, #108, #110, #112, #114, #115, #201, #202, #214, #222
-Splintered or chipped door frames in resident bedrooms, bathrooms or closets:#101, #110, #111, #201, #202, #203, #205, #206, #207, #216
-Scratched wall radiators in resident bedrooms or bathrooms: rooms #111, #114, #215, #220
*Scratched or chipped walls: hallways first and second floor
-Damaged radiators: #102, #106, #108, #110, #202, #207
-Service doors and frames scratched or chipped: Service entrance(main floor), utility rooms(both floors), medication rooms(both floors) and tub rooms(both floors)
-Sinks hanging from wall in resident bathrooms: #203 and #207

The Environmental Supervisor and the Administrator both confirmed that painting is completed in large volume such as an entire floor, not by a planned schedule. The Environmental Supervisor and Administrator were advised of the broken radiators and hanging bathroom sinks and these were repaired within one day due to risk of injury to residents. [s. 15. (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 to ensure that the home is maintained in a good condition and a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

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).

Findings/Faits saillants :

1. The licensee did not ensure that the planned menu items were offered and available at meals in relation to the following:

A) Resident #026's care plan stated they are to receive a therapeutic diet. There was no suitable carrot salad available for lunch on June 10, 2014, therefore the resident was not given a vegetable side dish with their sandwich. The resident was not offered an alternative vegetable option. Observation and interview with the Life Enrichment Aide, who served the resident, confirmed this.

B) The home's regular menu for June 10, 2014, indicated beef lasagna to be served as an alternate entrée at lunch. The home's diet spreadsheet indicated that residents receiving a therapeutic diet were to receive spaghetti with honey garlic beef strips instead. Review of the production sheets and interview with the Food Service Manager confirmed this was not prepared, therefore an alternative entrée option was not available for residents receiving a renal diet. [s. 71. (4)]

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 planned menu items are offered and available, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee did not ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality in relation to the following:

The recipe for pureed bread was not followed. The recipe stated that bread, 2% milk, sugar, vanilla and skim milk powder were to be blended together. Observation and interview with the dietary staff preparing the item confirmed that only bread was used, none of the other ingredients. The recipe was not followed, affecting the taste and nutritive value. [s. 72. (3) (a)]

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 food is 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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee did not ensure that schedules and procedures were in place for the building interior which includes but is not limited to doors, walls, fixtures and equipment in relation to the following:

The licensee's policy [Requisition of Repair and Maintenance] reviewed/revised June 2011 states that it is the responsibility of all staff members to promptly report any needed repairs and/or maintenance of all equipment, furniture and fixtures. Maintenance requisition books reviewed for both floors did not identify the damaged radiators or the loose hanging bathroom sinks.
The licensee's policy [Preventative Maintenance Schedules] reviewed/revised June 2011 identified that daily, weekly, monthly checklists and schedules are in place. Paint touch ups were not addressed in the weekly or monthly checklists, and remedial repairs were not addressed in the daily checklist.
The licensee's policy [CQI-Environmental Services-Maintenance Departmental Operations Audit] reviewed/revised February 2012, contained indicators to check that furnishings and equipment are in good repair and safe to use; and wall surfaces are free of holes, cracks and painting is intact. As per policy, only one room per month would be audited as chosen by the committee as well as any vacated rooms. This information was confirmed by the Environmental Supervisor. [s. 90. (1) (b)]

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 schedules and procedures are in place for remedial maintenance, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the home was equipped with a resident-staff communication and response system that, (e) is available in every area accessible by residents in relation to the following:

On June 4, 2014, resident #011 expressed concern that there was no call bell in the lounge on their unit and the resident indicated that they felt that this was a safety concern.
During a tour of the home on June 10 and 11, 2014, it was noted by the inspectors that there was no resident/staff call system found in resident lounges or dining rooms on the first and second floors, or in the Life Enrichment room on the first floor.
Staff interviewed confirmed that the Life Enrichment Room is accessible to residents 24 hours per day.
Interviews conducted with nursing staff confirmed that there was no call system available in the resident dining rooms, lounges or the Life Enrichment Room.
The Environmental Manager confirmed that there are only call bells located in resident rooms and bathrooms. [s. 17. (1) (e)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
12. Dental and oral status, including oral hygiene. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
19. Safety risks. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee did not ensure that the plan of care for resident #008 was based on an interdisciplinary assessment of the resident with respect to dental and oral status in relation to the following:

The Minimum Data Set (MDS) assessment completed for resident #008 dated March 2014, indicated that the resident required extensive assistance of one or more staff to provide for the resident's oral hygiene needs.
The resident was noted in the MDS coding March 2014, to have missing teeth and chewing problems.
A review of the document that the home refers to as the care plan for the resident revealed that there was no care plan in place to address the resident's oral care needs.
The "kardex" and care plan did not indicate whether the resident had their own teeth or dentures.
A review of the "kardex" for the resident revealed that there was no direction in the "kardex"to direct staff related to what assistance or interventions were required to provide for the resident's oral care needs. [s. 26. (3) 12.]

2. The Licensee did not ensure that the plan of care for resident #008 was based on at a minimum an interdisciplinary assessment of the resident's safety risks related to the use of a seat belt in their wheelchair in relation to the following:

On June 4, 2014, Inspector #586 observed the resident to be seated in their wheelchair with a front fastening seat belt in place and secured.
The resident's family member who was present at the time confirmed that the resident was able to remove the seat belt when they wished.
On June 10, 2014, the resident was again noted by an inspector to be seated in the wheelchair with the seat belt done up. The resident was able to demonstrate their ability to undo the seat belt.
During an interview conducted with nursing staff they confirmed that the resident does remove the seat belt themselves and that the seat belt is done up as a reminder to the resident not to stand up when in the wheelchair.
The falls risk assessment for the resident and the resident's plan of care did identify the resident as a high risk for falls.
The plan of care and the MDS assessments completed for the resident did not include identification of use of the seat belt or the reason for it's use. [s. 26. (3) 19.]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee did not ensure that all residents were provided with a range of continence care products that, (i) are based on their individual assessed needs, (ii) properly fit the resident, (iii) promote comfort, ease of use, (iv)dignity and good skin integrity, promote continued independence wherever possible, and (v) are appropriate for the time of day and the individual resident's type of continence in relation to the following:

A review of the document that the home refers to as the care plan for resident #007 took place and the care plan indicated that the resident toilets themselves and rings the call bell when necessary for assistance. The care plan indicated that the resident wears pull up briefs that are provided by the resident's family as the resident is more comfortable using pull ups.
- The current Minimum Data Set (MDS) assessment completed for the resident confirmed that the resident toilets themselves.
- During an interview with the resident, they confirmed that their family purchase the pull up briefs for them and that the home does not provide them for her.
- During an interview with the registered staff member responsible for the assessment of residents related to their brief use, they confirmed that the home has a range of different briefs for use but it does not include pull up briefs.
-During interviews with other registered staff and PSW staff, it was confirmed that the home does not offer to provide pull up briefs for residents who may benefit from their use. [s. 51. (2) (h)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee did not ensure that all staff participated in home`s infection prevention and control program related to hand hygiene in relation to the following:

During second floor lunch meal observation on June 3, 2014, a staff member was observed clearing dirty dishes, then proceeded to serve and feed residents without having washed their hands. Another staff member was observed touching a resident's hands prior to feeding another resident without having washed their hands. [s. 229. (4)]

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:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 s. 36.	CO #001	2013_201167_0015	167

Issued on this 2nd day of July, 2014

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

Ontario

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

Ministére 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) :	CATHIE ROBITAILLE (536), JESSICA PALADINO (586), MARILYN TONE (167)
Inspection No. / No de l'inspection :	2014_275536_0014
Log No. / Registre no:	H-000639-14
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Jun 23, 2014
Licensee / Titulaire de permis :	DALLOV HOLDINGS LIMITED 441 MAPLE AVENUE, BURLINGTON, ON, L7S-1L8
LTC Home / Foyer de SLD :	MAPLE VILLA LONG TERM CARE CENTRE 441 MAPLE AVENUE, BURLINGTON, ON, L7S-1L8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	BARBARA GOETZ

To DALLOV HOLDINGS LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

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 must prepare, submit and implement a plan that outlines how the home will ensure that food and fluids are served at safe and palatable temperatures for the residents. The plan is to be submitted to Long-Term Care Homes Inspector Jessica Paladino by June 26, 2014 at: Jessica.Paladino@ontario.ca

Grounds / Motifs :

1. The licensee did not ensure that foods and fluids were being served at safe and palatable temperatures.

A) The home's Food and Fluid Temperature Record Point of Service Temperature Log indicated that hot foods must be kept at a minimum of 60°C and cold foods at a maximum of 5°C. Temperatures were taken during the middle of lunch service on June 10, 2014. The egg salad sandwich was probed at 8.1°C and the carrot raisin salad at 10.1°C. The sandwiches were probed again during the middle of the second seating with a temperature of 16.8°C. After the Inspector made the dietary staff aware of this reading, they continued serving the sandwiches to residents.

B) Review of previous Food and Fluid Temperature Record Point of Service Temperature Logs demonstrated the following: On June 6, 2014, the juice and milk at breakfast were 6.4°C and 6°C, consecutively; On June 9, 2014, the alternative cold vegetable option was 6.0°C, minced 6.4°C, and pureed 6.2°C; the alternative cold entrée option was 6.4°C, minced 6.2°C, pureed 6.8°C; On June 10, 2014, milk at breakfast was 6°C. (586)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 03, 2014

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
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 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
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.

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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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 23rd day of June, 2014

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Cathie Robitaille

Service Area Office /
Bureau régional de services : Hamilton Service Area Office