



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

**Rapport d'inspection
prévues 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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

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

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 de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Jan. 19 & 20, 2011	2010_135_9613_20Jan133926	L-00104-Dietary Follow Up

Licensee/Titulaire

The Corporation of the County of Lambton, 789 Broadway Street, Wyoming N0N 1T0

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

Marshall Gowland Manor, 749 Devine St. Sarnia, Ontario N7T NX3

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

Bonnie MacDonald #135

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Dietary Follow-Up inspection to Dietary Inspection of October 2010.

During the course of the inspection, the inspector spoke with: Administrator, Nurse Manager, RAI Coordinator, Food Services Manager, Dietitians, Registered Nursing staff, Dietary staff, and Residents.

A review of 3 resident records was completed.

Lunch service was observed in Iris dining room and dinner in Poppy dining room Oct. 19/10. Observed lunch service in Rose Dining room Oct. 20/10.

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

- Dining Observations
- Infection Prevention and Control Inspection Protocol
- Nutrition and Hydration
- Contenance Care and Bowel Management

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

- 9 WN
- 8 VPC
- 1 CO

Corrected Non-Compliance are 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(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(1) clear directions to staff and others who provide direct care to the resident.

Findings:

1. High Risk Resident for weight loss, Nutritional Plan of Care Jan. 10/11 does not provide clear direction for staff providing direct care to resident i.e. Nutritional Plan of Care indicates resident is to receive Homo milk, Soft menu choices and foods High in Fiber. Those interventions are not on the resident Diet/Meal list that directs staff serving resident meals.

2. High Risk resident for weight loss Nutritional Plan of Care does not provide clear direction for staff who provide direct care to the resident i.e. Nutritional Plan of Care states resident is to receive the following interventions: homo milk, extra butter and finely chopped salads. Those interventions do not appear on the Residents' Diet/Meal list that is referenced by Dietary staff serving resident meals.

Inspector ID #: 135

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, written plans of care for each resident sets out clear directions to staff and others who provide direct care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s. 51(1)2

**The continence care and bowel management program must, at a minimum, provide for the following:
2 Treatments and interventions to prevent constipation, including nutrition and hydration protocols.**

Findings:

1. The Homes' Bowel Care Program Policy #3-5-2-13 July 2010; does not provide interventions to prevent constipation including nutritional and hydration protocols.

Inspector ID #: 135

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 the bowel management program provides nutritional and hydration interventions to prevent constipation, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(4)(a)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other

Findings:
 1. Nursing and Dietary staff did not collaborate in the assessment of High risk resident for constipation. In the Residents' Assessment Protocol of Dec. 06/10, Nursing identified constipation as a problem. The Dietary assessment Dec. 6/10 did not identify constipation as a problem and no dietary interventions were identified for constipation in the Nutritional Plan of Care. Therefore, the assessment of the resident for constipation was not integrated, consistent nor did they complement each other.

Inspector ID #: 135

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

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s. 68(2)(c)
Every licensee of a long-term care home shall ensure that the programs include,
(c) the implementation of interventions to mitigate and manage those risks;

Findings:
 1. Homes' Hydration Policy #4-6-4-1 Feb. 2010; does not include the implementation of Nutritional interventions to mitigate risks of dehydration for residents at risk for poor fluid intake.

Inspector ID #: 135

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 implementation of interventions to mitigate risk of dehydration of residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:
 1. Jan. 19/11 high risk resident for weight loss was not provided care as set out in the Nutritional Plan of Care when the following items were not provided at dinner: finely cut meat, homo milk and extra butter.
 2. Lunch Jan. 20/11 high risk resident for weight loss was not provided care as per her Nutritional Plan of care i.e. extra gravy and cranberry juice.

Inspector ID #: 135

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

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WN #6: 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: 1. As of Jan. 20/11, High Risk resident has not been assessed by the Homes' Dietitian for weight loss of 5% in one month since Dec. 2010. Resident's weight as of Jan.1, 2010 was 35.4 kgs.; well below her goal weight range of 45-55 kgs; as per her Nutritional Plan of Care.	
Inspector ID #:	135

Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 assessed using an interdisciplinary approach for change of body weight of 5 percent or more over one month, to be implemented voluntarily.	
WN #7: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 86(2)(b) The infection prevention and control program must include; (b) measures to prevent the transmission of infections.	
Findings: 1. Lunch service Jan. 19/11 in Iris dining room the following were observed: <ul style="list-style-type: none"> • A volunteer was eating an apple while feeding resident his lunch; resulting in an unsanitary environment for resident. • Staff member was observed clearing dirty dishes without evidence of hand sanitizing before serving residents dessert. The same staff member later cleared dirty dishes from tables and placed dirty dishes on the same trays with the desserts that were yet to be served to residents. 2. Jan.19/11 at Dinner in Poppy Dining room, staff member coughed into her hand while feeding resident; without evidence of hand hygiene before resuming feeding resident.	
Inspector ID #:	135
Additional Required Actions: CO #001 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form	

WN #8: The Licensee has failed to comply with 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.

Findings:

1. High Risk resident for weight loss, dehydration and constipation, had supplement recorded on Dietary Flow sheet for afternoon Snack and Dinner on 15 occasions for the period Jan. 1-17/11. According to the resident's Nutritional Plan of Care resident has refused supplement and no supplement is ordered.
Jan. 19/11, 2:50 pm. PSW who delivered snack, confirmed that resident does not receive a supplement nor is supplement sent on snack cart.
2. High risk resident for weight loss, response to nutritional intervention Boost at Lunch and Dinner was not documented on 29 occasions or 90.6% of the time Jan. 1-18/11.
3. In a review of Dietary Flow sheet records for 9 residents in Iris home area Jan. 1-18/11; it was noted that documentation was missing for morning beverage service 38.8 % to 61.1 % of the time.

Inspector ID #: 135

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 interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #9: 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, (b) is complied with.

Findings:

1. The Homes' Hydration Policy #4-6-4-1, Feb. 2010, states that any signs and symptoms of dehydration or documented fluid intake less than 1500 mls. in 3 consecutive days will be reported to Registered staff. This will initiate a dietary requisition for follow up by the Dietary Supervisor/Dietitian.
This policy was not complied with when High Risk resident for constipation and weight loss' was not referred to the homes' Dietary Supervisor/Dietitian when her intake was less than 1500 mls on 3 consecutive days as follows:
Nov. 8-12/10 average daily intake 624 mls./day
Nov. 18-24/10 average daily intake 814 mls./day
Jan. 14-18/11 average daily intake 756 mls./day
2. The Homes Hydration Policy #4-6-4-1, Feb 2010 states; the intake of fluids, including meals and snacks are recorded on Dietary flow sheets for all residents. This policy was not complied with when residents' did not have their intake of fluids recorded as follows:
 - High Risk Resident for weight loss, response to nutritional intervention Boost at Lunch and Dinner Jan. 1-18/11 was not documented on 29 occasions or 90.6% of the time.
 - In a review of Dietary Flow sheet records of 9 Iris home residents' for morning beverage; it was noted that documentation was missing 38.8 % to 61.1 % of the time for the period Jan.1-18/11.



Inspector ID #: 135

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 Homes policies are complied with regarding documentation of resident's responses to interventions, to be implemented voluntarily.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007, c.8, s.11(2)	WN		2010_135_9613_04Oct.142206	135
LTCHA, 2007, S.O. 2007, c.8, s. 6(11)(b)	WN, VPC		2010_135_9613_04Oct.142206	135
O.Reg. 79/10, s. 73(1) 5	WN		2010_135_9613_04Oct.142206	135

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: _____ Date: _____	<i>Bonnie Mac Donald</i> January 26, 2011 Date of Report: (if different from date(s) of inspection).



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Bonnie MacDonald	Inspector ID # 135
Log #:	L-00104	
Inspection Report #:	2010_135_9613_20Jan133926	
Type of Inspection:	Dietary Follow- 2010_135_9613_04Oct.142206	
Date of Inspection:	Jan. 19 & 20, 2011	
Licensee:	The Corporation of the County of Lambton, 789 Broadway Street, Wyoming N0N 1T0	
LTC Home:	Marshall Gowland Manor, 749 Devine St. Sarnia, Ontario N7T NX3	
Name of Administrator:	Marlene Jackson	

To The Corporation of the County of Lambton; you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s. 86(2)(b) The infection prevention and control program must include; (b) measures to prevent the transmission of infections.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, 86(2)(b). Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds: 1. Lunch service Jan. 19/11 in Iris dining room the following were observed: <ul style="list-style-type: none"> • A volunteer was eating an apple while feeding resident his lunch; resulting in an unsanitary environment for resident. • Staff member was observed clearing dirty dishes without evidence of hand sanitizing before serving residents dessert. The same staff member later cleared dirty dishes from tables and placed dirty dishes on the same trays with the desserts that were yet to be served to residents. 			



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Direction de l'amélioration de la performance et de la conformité

2. Jan.19/11 at Dinner in Poppy Dining room, staff member coughed into her hand while feeding resident, without evidence of hand hygiene before resuming feeding resident.

This order must be complied with by: March 4 , 2011

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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. 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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire 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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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Issued on this 27 th day of January, 2011.	
Signature of Inspector:	<i>Bonnie MacDonald</i>
Name of Inspector:	Bonnie MacDonald
Service Area Office:	London