



**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
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Hamilton ON L8P 4Y7

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 11, 12, 13, 2010	2010-165-2727-11Aug103711	Follow up

Licensee/Titulaire
Retirement Home Specialists Incorporated
120 Conception Bay Highway, Suite 110, Villa Nova Plaza
Conception Bay South, NL
A1W 3A6

Long-Term Care Home/Foyer de soins de longue durée
Morrison Park Nursing Home
7363 Calfass Road,
RR#2 Puslinch, ON
N0B 2J0

Name of Inspector(s)/Nom de l'inspecteur(s)
Tammy Szymanowski, LTC Homes Inspector, Inspector ID #165

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection.

During the course of the inspection, the above inspector spoke with: The Administrator/Director of Care, the Food Service Manager, the cook, members of the nursing staff, and residents.

During the course of the inspection, the above inspector: Reviewed the homes menus and the Dietitians approval of the menu, production sheets and recipes, observed the lunch meal August 11, 2010 and breakfast meal August 13, 2010, reviewed residents clinical health records, and reviewed policies and procedures.

The following Inspection Protocols were used during this inspection: Food Quality Inspection Protocol, Nutrition and Hydration Inspection Protocol, and the Dining Room Inspection Protocol.

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

5 WN
4 VP

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur 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(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, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other

Findings:

1. There was no evidence that there was a referral to the Dietitian for a nutritional assessment for an identified resident related to a wound. A Nutritional Status Resident Assessment Protocol (RAP) was completed by a member of the nursing staff related to the staged wound however; no referral was initiated for nutritional assessment at this time.
2. The Dietitian assessment dated August 10, 2010 indicates that an identified resident has issues related to fluid balance and poor fluid intake however; the dehydration/fluid maintenance RAP completed August 10, 2010 by a member of the nursing staff indicates that the resident drinks adequate fluids and dehydration is not a problem at this time. These assessments do not complement each other.

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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 s.6(4)(a), 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.

Findings:

1. The Nutritional Status RAP for an identified resident was triggered in relation to a staged wound and was completed by a member of the nursing staff. The RAP indicates that it is non-applicable for nutritional

status to be addressed in the care plan and a referral is not needed at this time. As a result, there were no nutritional goals and interventions identified in the residents plan of care in relation to the resident's current open wound.

2. The Dehydration/Fluid Maintenance RAP summary for an identified resident was completed by a member of the nursing staff without collaboration with the Dietitian as a result; there was not a consistent approach in the development and implementation of a nutritional plan of care related to hydration.
3. The care plan for an identified resident contains conflicting information related to the level of assistance they require during meals. Dietary indicates the resident requires extensive assistance however, nursing indicated the resident self-feeds but requires intermittent encouragement at times.

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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 s.6(4)(b), to be implemented voluntarily

WN #3: 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. An identified resident was observed eating during the lunch meal August 11, 2010. The resident was attempting to self feed however, was extremely slow. The resident did not receive assistance with their meal until forty-five minutes later. Staff indicated that the resident has required increase assistance with meals for the past few weeks as a result of a decline in her health condition. The resident's plan of care indicates the resident requires extensive assistance to eat.

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WN #4: The Licensee has failed to comply with: O.Reg. 79/10,s 50(2)(b)(iii).

Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented.

Findings:

1. A resident had an identified stage IV wound however; there is no evidence a nutritional referral was initiated to the Dietitian for reassessment. There was not a nutritional assessment completed by the home's Dietitian and there is no plan of care to address the nutritional component that sets out the planned care for the resident and the goals the care is intended to achieve.

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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 s.50(2)(b)(iii), to be implemented voluntarily



WN #5: 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.

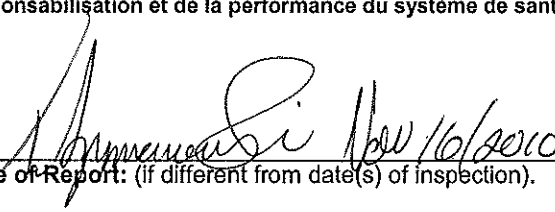
Findings:

1. The home did not follow their procedure for completing Resident Assessment Protocol-Minimum Data Set (RAI-MDS) 2.0 assessments. The home's procedure includes completing nutritional assessments and RAPS within 92 days of each assessment however; there was no evidence that a subsequent nutritional assessment for an identified resident was completed by a member of the nutritional department within the 92 days.

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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 s.8(1)(b), to be implemented voluntarily

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: _____		 Date of Report: (if different from date(s) of inspection).	