



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue 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 performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 14, 15, 27, 2011; 2011\_063165\_0002; Follow up

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7

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

NORTHLAND POINTE
2 Fielden Avenue, PORT COLBORNE, ON, L3K-6G4

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

TAMMY SZYMANOWSKI (165)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the administrator, the director of care, the associate director of care, the nutrition manager, personal support workers, and residents.

During the course of the inspection, the inspector(s) review of clinical health records, observation of lunch meal and review of policy and procedures.

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

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Definitions (English) and Définitions (French). Rows include WN, VPC, DR, CO, WAO.

<p>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.)</p>	<p>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.</p>
<p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: 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 subsections:**

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

**Findings/Faits sayants :**

1. The home did not ensure that the hypoglycemic treatment policy, policy N070440, was complied with. The policy indicates that when blood sugars fall between 2.8- < 4.0 mmol/l that the resident is to be treated with 15g of fast-acting carbohydrate and the blood sugar is tested again in fifteen minutes. If the blood sugar remains below 4.0mmol/l than the resident is treated with another 15g fast acting carbohydrate. If the next meal is more than sixty minutes away than a snack of 15g of starch and a protein source is provided.

An identified resident experienced blood sugars < 4.0mmol/l on five occasions however, the hypoglycemic treatment policy was not followed. Treatment of the low blood sugar was not consistently provided and blood sugars were not routinely repeated after fifteen minutes.

An identified resident experienced blood sugars < 4.0mmol/l on six occasions however, the hypoglycemic treatment policy was not followed. Treatment of the low blood sugar was not consistently provided and blood sugars were not routinely repeated after fifteen minutes.

An identified resident experienced blood sugar < 4.0mmol/l however, the hypoglycemic treatment policy was not followed. The treatment for low blood sugar was provided however, the blood sugar was not retested within fifteen minutes as indicated in the home's policy and it was not until after the completion of breakfast that the resident's blood sugar was taken and recorded. The Administrator and Director of Care confirmed that the hypoglycemic treatment policy is to be followed by registered staff for all residents experiencing low blood sugars (<4.0mmol/l).

2. The home did not ensure that the weight monitoring policy, policy C030410, was complied with. The weight policy indicates in the procedure that if the weight loss or gain is the same or exceeds the significant weight change indicated than the registered nurse (RN) is notified and it is documented under "reported to RN" column on the weight monitoring tool. The RN is required to complete a nutritional referral form and complete a nursing assessment. The procedure indicates that the RN will update the resident, power of attorney and/or substitute decision maker and record in the resident's progress notes and revise the residents care plan. An identified resident lost 8.8kg in one month which triggered a significant weight loss of 10.9% over one month. There was no indication that a nutritional referral form and nursing assessment was completed as indicated in the weight monitoring policy.

The home did not ensure that the weight monitoring policy, policy C030410, was complied with. An identified resident lost 6.2kg in one month which triggered a significant weight loss of 11.7% over one month. There was no indication that a nutritional referral form and nursing assessment was completed as indicated in the weight monitoring policy. The Director of Care confirmed that the weight monitoring policy was not followed by nursing staff for the identified residents.

3. The home did not ensure that the policy for food and fluid, policy C030528, was complied with for an identified resident. The policy indicates when a resident is identified at dehydration risk critical that the night shift registered nurse or registered practical nurse(RN/RPN) will document in the resident's chart regarding the decreased fluid intake and flag for day shift RN/RPN to assess the resident for signs and symptoms of dehydration. The day shift RN/RPN will assess the resident for signs and symptoms of dehydration and document findings in the resident's chart. The registered staff will make a referral to the dietitian and refer the resident to the physician or nurse practitioner to consider other interventions. The Day shift RN/RPN will review the assessment findings with the resident or their SDM (Substitute Decision Maker). Discussion will include next steps, care plan options and agreement with interventions.

A resident was identified as being dehydration risk critical however; when the resident experienced low fluid intakes of less than 420mls/day for four consecutive days the home did not document in the resident's chart regarding the decreased fluid intake and there was no assessment of the resident for signs or symptoms of dehydration. There was no referral to the dietitian or the physician/nurse practitioner.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

**Specifically failed to comply with the following subsections:**

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**  
**(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and**  
**(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

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**Findings/Faits sayants :**

1. The registered dietitian did not complete an assessment for an identified resident in relation to declining oral intake, significant weight loss and constipation. Food intake records indicated that the resident has refused meals for four and half consecutive days and a total of thirty-two out of thirty-nine meals were refused. Documentation in the resident's health record by registered staff indicates that the resident has had poor intake however, there is no initiation of a referral to the dietitian and there is no assessment completed to address declining intake. The resident lost 6.2kg over one month triggering a significant body weight loss of 11.7% in one month with continued weight loss triggering a 13.2% body weight loss over three months. There has been no assessment completed by the dietitian to address the significant weight loss. The nutritional status RAP (resident assessment protocol) completed indicates the resident usually has a bowel movement every one to three days and is prone to constipation however, the resident's nutritional status has since declined with poor intake and significant weight loss. The resident required fifteen bowel medications in one month with no bowel movement for six consecutive days. The resident only had eight bowel movements for the month and there has been no nutritional assessment completed to address her increased episodes of constipation.

2. The registered dietitian of the home did not assess an identified resident's nutritional status related to hydration, constipation and significant weight loss. The resident has a history of poor fluid intake and is identified on the food and fluid record as being at dehydration risk critical. The fluid records indicate consumption below 420ml/day for four consecutive days however; there was no referral to the dietitian initiated and no assessment of the resident's hydration status was completed. The resident had ten as required (prn) bowel medications in one month to assist with constipation which was increased from the previous month when the resident only required five prn bowel medications to assist with constipation. There was no referral initiated to the dietitian and no assessment of the residents constipation was completed. The registered dietitian assessment completed in the previous month indicated a 18.2% body weight loss for one month and documentation indicates the dietitian will wait one week until the next months weight is taken, however, there is no assessment since and the resident lost another 2.3kg triggering a 21.6% body weight loss over three months.

**Additional Required Actions:**

**CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**

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.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

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**Findings/Faits sayants :**

1. An identified resident decreased 8.8kg in one month triggering a significant body weight loss of 10.9% in one month with another 1.8kg weight loss the following month triggering a 13.1% body weight loss over three months however, there was no referral initiated by nursing staff to the dietitian for an assessment of the significant weight loss. The resident's nutritional status RAP (resident assessment protocol) was completed by the food service supervisor however, the significant weight loss occurring was not assessed at this time and there was no referral initiated to the dietitian for an assessment.

**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 residents with a change of five per cent body weight, or more, over one month and a change of seven and a half per cent of body weight, or more, over three months, are assessed using an interdisciplinary approach, and that actions are taken and outcomes evaluated,, to be implemented voluntarily.**

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**



Ministry of Health and  
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the Long-Term Care  
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Specifically failed to comply with the following subsections:

s. 73. (2) The licensee shall ensure that,  
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and  
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

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**Findings/Faits sayants :**

1. An identified resident received their soup prior to someone being available to provide assistance to the resident. The resident had the soup already placed in front of them at 12:15pm when the inspector arrived in the dining room. The resident did not receive assistance to eat the soup until 12:40pm. The resident did not receive assistance for at least twenty-five minutes after the soup was served to them and the resident's care plan and staff confirm that the resident requires extensive assistance to eat meals.

Issued on this 10th day of August, 2011

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

A handwritten signature in black ink, appearing to read "A. Zymanowski", written over a white background within a black-bordered box.



**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

**Ministère 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

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	TAMMY SZYMANOWSKI (165)
<b>Inspection No. / No de l'inspection :</b>	2011_063165_0002
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	Jun 14, 15, 27, 2011
<b>Licensee / Titulaire de permis :</b>	THE REGIONAL MUNICIPALITY OF NIAGARA 2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7
<b>LTC Home / Foyer de SLD :</b>	NORTHLAND POINTE 2 Fielden Avenue, PORT COLBORNE, ON, L3K-6G4
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	JOY MISZTAL

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To THE REGIONAL MUNICIPALITY OF NIAGARA, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

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

**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

**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

**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that identified residents and all other diabetic residents experiencing hypoglycemia receive hypoglycemia treatment in accordance with the home's policy and procedures. The written plan shall include how the licensee will manage ongoing monitoring and adherence by staff to the hypoglycemic treatment policy. The licensee shall submit the plan to Tammy Szymanowski, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch 119 King Street west, Hamilton ON., L8P 4Y7 by August 5, 2011.

**Grounds / Motifs :**

1. The home did not ensure that the hypoglycemic treatment policy, policy N070440, was complied with. Treatment of low blood sugar for two identified residents were not consistently provided and blood sugars were not routinely repeated after fifteen minutes of treatment. Follow up to treatment of hypoglycemia by repeating blood sugars within fifteen minutes of treatment was not provided for one identified resident as indicated in the homes policy.

(165)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Aug 05, 2011

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**Ministry of Health and  
Long-Term Care**

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

**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

**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

**Order # /**

**Ordre no :** 002

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

**Order / Ordre :**

The licensee shall review all residents, including the identified residents, and shall ensure that the Registered Dietitian assesses residents' nutritional status, including and any risks related to nutrition such as nutritional intake, hydration, constipation, and weight, with actions taken and outcomes evaluated as appropriate and the licensee shall develop, submit and implement a written plan that outlines how the licensee will ensure that there is an ongoing process in place to assess resident's nutritional status and any risks related to nutrition by the home's Registered Dietitian. The licensee shall submit the plan to Tammy Szymanowski, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King Street West, Hamilton ON, L8P 4Y7 by August 5, 2011.

**Grounds / Motifs :**

1. The registered dietitian of the home did not assess the nutrition status of one identified resident in relation to hydration, constipation and significant weight loss. (165)

2. The registered dietitian did not assess the nutrition status of one identified resident in relation to declining oral intake, significant weight loss and constipation. (165)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Aug 05, 2011

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Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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*

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*

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**REVIEW/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**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 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: 416-327-760

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

c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Clair 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](http://www.hsarb.on.ca).

**Issued on this 10th day of August, 2011**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** TAMMY SZYMANOWSKI

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