



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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 21, 2019	2019_549107_0002	008738-17, 020971-17	Complaint

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON
L4W 0E4

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

Northridge
496 Postridge Drive OAKVILLE ON L6H 7A2

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

MICHELLE WARRENER (107), CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 29, 30, 31, 2019 on-site, February 6, 7, 19, 2019 off-site

This complaint inspection included the following:

- i. Complaint log #: 008738-17 related to improper care**
- ii. Complaint log #: 02097-17 related to nutrition and hydration, dietary services, hospitalization and change in condition, personal support services, environmental services - housekeeping**

This inspection was completed concurrently with Critical Incident Inspection #2019_570528_0004

During the course of the inspection, the inspector(s) spoke with The Executive Director, Director of Care, Assistant Director of Care, Registered Nursing staff (RN), Registered Practical Nursing staff (RPN), Personal Support Workers (PSW), Staffing Coordinator, Wound Care Coordinator, Dietary Aides, Cook, Nutrition Manager (NM), Registered Dietitian (RD), Housekeeping staff, Physiotherapist (PT)

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Hospitalization and Change in Condition
Nutrition and Hydration**

During the course of this inspection, Non-Compliances were issued.

**3 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

During the course of this inspection, Administrative Monetary Penalties (AMP) were not issued.

0 AMP(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order AMP – Administrative Monetary Penalty</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités AMP – Administrative Monetary Penalty</p>
<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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> <p>AMP (s) may be issued under section 156.1 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>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> <p>AMP (s) may be issued under section 156.1 of the LTCHA</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning Specifically failed to comply with the following:

s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).



Findings/Faits saillants :

1. The licensee failed to ensure that an individualized menu was developed for each resident whose needs could not be met through the home's menu cycle.

Complaint log #020971-17, submitted in August 2017, identified concerns related to provision of food and fluids.

In discussion with the Registered Dietitian (RD) (#132) and Nutrition Manager (#131) during this inspection, they stated that a decision was made corporately (by the Licensee) to reduce the number of therapeutic extension menus offered in the home.

When the therapeutic extension menus were discontinued, foods to avoid/do not serve lists were developed by the Registered Dietitian (#132) and included on the dining room serving lists that dietary staff referenced when portioning meals for residents. Do not serve lists were implemented for residents requiring restrictions on certain foods. An approved menu plan was not in place or developed to ensure that when foods were removed from the regular menu (foods to avoid/do not serve) that an appropriate substitution was planned for, prepared by staff, and available at the meal service with clear direction for front line staff on what to serve to each resident and what portion size to provide.

During interviews with the Nutrition Manager (#131) throughout this inspection, they confirmed that substitutions were made to the regular menu when the regular menu included foods to be avoided for the residents requiring dietary modifications. The Nutrition Manager confirmed that the identified substitutions were not always planned in advance, a record or menu of what was served to the residents was not always available, and the substitutions had not been approved by the Registered Dietitian.

Decisions about what to provide to residents were being made by the Nutrition Manager or serving staff instead of being directed by a planned menu. The Nutrition Manager and Registered Dietitian were not able to demonstrate that the "foods to avoid" approach using the regular menu cycle met residents' therapeutic needs as evidenced by residents receiving foods that were to be avoided.

The Nutrition Manager (#131) confirmed that several residents required restriction of specific foods.



Resident #019 required restricted interventions according to the dietary serving list. The regular menu included foods that were to be avoided based on the resident's therapeutic needs. The resident was provided items from the regular menu that were to be avoided.

Dietary staff serving the meal in two dining areas were unclear on what foods were available for the specified restricted interventions on a specified date in 2019. Dietary staff #129 at first stated that there was nothing in the steam table marked for the restricted interventions so the residents must be able to have the regular menu; although later noted that the regular menu items were on the restricted list. Dietary staff #128 stated that residents could have certain foods but staff was unsure about one of the items. Not all menu substitutions prepared by the kitchen had been sent to both dining areas and staff serving the meal did not have written direction on what (including portion size) to serve to residents, if the regular menu included a food that was restricted on the resident's serving list.

Resident #016, who required a regular menu with restricted interventions was also observed at meal service. The home's diet list/serving sheets directed staff not to serve the resident specific restricted foods. The resident was provided a menu item that was supposed to be for a resident requiring a different menu. Only one portion was prepared for that menu, which limited the choices offered to the other resident. It was not clear to staff #129 serving the meal what was available for the resident requiring the restricted interventions.

The home's regular menu for a specified date offered three menu items at the lunch meal and one at the supper meal that would require substitutions based on the foods avoid lists. The Nutrition Manager confirmed during interview that residents requiring restricted interventions would not be able to have the regular menu items that day and that substitutions would be required.

Numerous meals on the regular menu contained foods that were not to be served to residents requiring restricted interventions. The Licensee did not ensure that an individualized menu was developed to meet the needs of residents requiring restricted interventions when the regular menu did not meet their therapeutic needs.

Residents requiring certain dietary interventions were provided the same snack often multiple times daily. A menu was not in place to ensure adequate variety was offered to residents whose needs could not be met through the regular snack menu rotation. During interview, resident #020 and staff #104 and #133 voiced concerns to the



Inspector about the lack of variety with the item being offered to residents. During interview the Nutrition Manager (#131) and Registered Dietitian (#132) stated that the item was outsourced and additional flavours were not available. The Licensee did not ensure that an individualized menu was in place to ensure a variety of items were provided to residents when their needs could not be met through the regular snack menu. [s. 71. (5)]

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 an individualized menu was developed for each resident whose needs could not be met through the home's menu cycle, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

- s. 72. (2) The food production system must, at a minimum, provide for,**
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods; O. Reg. 79/10, s. 72 (2).**
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable; O. Reg. 79/10, s. 72 (2).**
 - (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**
 - (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).**
 - (e) menu substitutions that are comparable to the planned menu; O. Reg. 79/10, s. 72 (2).**
 - (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).**
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**



Findings/Faits saillants :

1. The licensee failed to ensure that the food production system provided for:
 - (c) standardized recipes and production sheets for all menus
 - (d) preparation of all menu items according to the planned menu
 - (f) communication to residents and staff of any menu substitutions; and
 - (g) documentation on the production sheet of any menu substitutions

Complaint log #020971-17, submitted in August 2017, identified concerns related to provision of food and fluids.

During discussions throughout this inspection, the Nutrition Manager (#131) confirmed that alterations and substitutions were made to the planned regular menu to accommodate specialized dietary restrictions and resident preferences; however, these substitutions were not always documented on the production menu, therapeutic extension menus, or recipes to: direct staff in quantities and portions to provide for each dining area; provide historical information on what was prepared for each restriction; ensure items were planned in advance for sufficient variety; ensure that the items were prepared and available as required; and ensure the changes were approved by the Registered Dietitian during the menu approval process. The Nutrition Manager indicated that the menu planning computerized system was unable to efficiently accommodate the required changes and therefore, changes were not always documented. The planned menu (including recipes) did not always reflect what was being prepared and served to residents and the substitutions were not always communicated to staff and residents.

The planned menu for a specialized diet included a certain food item. An alternative food item was prepared for residents instead of the planned item. The Cook (#130) preparing the items confirmed that they had prepared an alternative as they felt that the alternative was easier to eat and was visually more appealing.

The recipe for an item being prepared for the regular menu included a food that would be restricted on certain interventions; however, the Cook (#130) stated they used something else so it was appropriate for all residents, including those with dietary restrictions. The altered item was then used for residents requiring a restricted menu. A standardized recipe was not in place that reflected how the Cook was preparing the menu items and the substitutions that were made.

The menu plan included items for a different restricted menu. Cook #130 confirmed that



they prepared the items so all residents could have the same thing. This substitution was not reflected on the recipes or on the therapeutic extension menu in the dining areas.

The recipe for soup required two percent (%) milk and flour. The Cook (#130) who prepared the soup and the Nutrition Manager (#131) confirmed that they used 22% cream and corn starch for the homemade soup so it was appropriate for residents requiring restricted interventions. The recipe for the soup had not been revised to reflect the current practice in the home.

At an observed meal service, Dietary Aide #129 stated that separate restricted menu items (as planned on a specified restricted therapeutic extension menu) were not routinely prepared. The Nutrition Manager (#131) confirmed that most items prepared for the regular menu were appropriate for the restricted menu and that the changes had not been reflected on the therapeutic extension menus.

Not all items for a specified restricted menu were available as per the planned menu resulting in a reduced variety of items being offered to resident #018. The resident was offered two choices that were almost the same. The staff member serving the meal (#128) stated that one of the menu choices was not available for the resident and had not been prepared and sent to the dining room.

At an observed meal service, the planned regular menu included items that would be restricted for some residents. The Nutrition Manager (#131) confirmed that substitutions were made for the restricted interventions; however, these changes were not documented on the production menu. The menu substitutions were also not consistently communicated to residents and staff.

Resident #019 required a regular menu with a restricted intervention. When resident #019 was offered a choice of menu items using demonstration plates, the resident was shown the regular menu and asked their preferred choices. The substitutions that were appropriate for the resident's dietary restrictions were not verbally or visually communicated to the resident at the meal service. The resident chose restricted foods from the regular menu and was provided the same.

Inspector #107 inquired why the substitutions were not communicated to the resident and Dietary Aide #128 stated that they were instructed to provide the regular menu if the



resident requested it; however, the menu substitutions that were appropriate for the resident's diet were not communicated to the resident for the resident to make an informed decision consistent with their plan of care.

Dietary staff serving a meal in two dining areas were unclear on what foods were available for restricted interventions. One portion of a menu substitution was available and marked for a particular menu; however, multiple residents in the home area required restrictions and would not have been able to have the regular menu choice. Dietary staff #129 at first stated that there was nothing in the steam table marked for the restricted interventions so the residents must be able to have the regular menu; although later noted that the regular menu items were on the restricted list. Dietary staff #128 stated that residents could have certain menu items but was uncertain about one of the menu items. Not all menu substitutions prepared by the kitchen had been sent to both dining areas and staff serving the meal did not have written direction on what to serve to residents if the regular menu included a food that was restricted on the resident's serving list.

Resident #016, who required a regular menu with restrictions was also observed at meal service. The home's diet list/serving sheets directed staff not to serve the resident specific foods. The resident was provided food that was supposed to be for a resident requiring a different menu. Only one portion was prepared for the other menu, which limited the choices offered to the other resident as one menu choice had been given to resident #016. It was not clear to staff #129 serving the meal what was available for the resident requiring the restricted interventions.

The licensee failed to ensure that the home's food production system provided for standardized recipes and production sheets for all menus, preparation of all menu items according to the planned menu, communication to residents and staff of any menu substitutions; and documentation on the production sheet of any menu substitutions, resulting in residents #016 and #019 receiving foods that were restricted on their plan of care. [s. 72. (2)]



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 provided for standardized recipes and production sheets for all menus, preparation of all menu items according to the planned menu, communication to residents and staff of any menu substitutions and documentation of the production sheet of any menu substitutions, to be implemented voluntarily.

**WN #3: 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. (11) When a resident is reassessed and the plan of care reviewed and revised, (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

1. The licensee failed to ensure that when resident #012 was assessed and the plan of care reviewed and revised because care set out in the plan had not been effective, that different approaches were considered in the revision of the plan of care.

Resident #012 experienced ongoing high laboratory levels (above the lab's reference range) over a three month period. The Registered Dietitian reviewed the resident three times during the three month period and noted the high levels; however, they did not revise the resident's plan of care to address the continued high laboratory levels.

During interview, the Registered Dietitian confirmed that dietary strategies to address the laboratory levels had not been revised and that alternative approaches had not been considered. [s. 6. (11) (b)]



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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 ensuring that when a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care, to be implemented voluntarily.

Issued on this 22nd day of February, 2019

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

Original report signed by the inspector.