



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

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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

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Jul 26, 2013, 2013_190159_0017, H-000257-13, Complaint.

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): July 9, 11, 12, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Registered staff, Nurse Manager/Educator, Registered Dietitian, Food Service Supervisor, Personal Support Workers (PSWs) and residents.

During the course of the inspection, the inspector(s) observed noon meal service, reviewed health records and policies and procedures specific to nutrition and hydration, Oxygen therapy.

The following Inspection Protocols were used during this inspection:



Nutrition and Hydration
Personal Support Services

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. It details non-compliance findings under the Long-Term Care Homes Act, 2007 (LTCHA) and the Loi de 2007 sur les foyers de soins de longue durée (LFSLD). The table includes definitions for various terms like Written Notification, Voluntary Plan of Correction, Director Referral, Compliance Order, and Work and Activity Order, and explains the nature of the non-compliance found.

WN #1: 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. (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,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

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 plan of care for the resident did not set out clear direction for staff and others who provided direct care to the resident in relation to the provision of diet and nutritional supplement.

Resident #0003 returned from the hospital May 2013 with a physician's order for a specific minced diet and thickened fluids. The progress notes dated May 2013 identified the Registered Practical Nurse (RPN) made a referral to the registered dietitian for readmission. The home's dietitian completed the readmission assessment May 2013 and wrote on the Physician's order form "discontinue current diet and supplement order. Regular diet, puree texture, honey thick fluids. 60ml 2 calHN mixed with 125 ml pudding BID @ medpass(pudding available as label snack)" The "Eating" focus of the resident's plan of care directed the staff to provide regular diet, puree texture, Nectar thick fluids. "Increased risk for choking/aspiration" focus of the resident's plan of care directed the staff to provide Specific Minced diet and thick fluids. However, "Nutrition status" focus of the plan of care directed staff to provide prescribed diet and assistance(see eating focus). The different sections of the plan of care were not consistent in relation to the texture of the diet and the consistency of the thickened fluids required and ordered by the physician.

The Plan of care for Resident under the "Nutrition Status" focus directed the staff to provide nutritional supplement 4 X a day at Medication Administration Pass (med pass)", however, the home's dietitian recommended to provide supplement mixed with 125 ml pudding 2 X a day @ medpass (pudding available as label snack." The plan of care did not provide clear direction for staff in relation to amount, type and the frequency of supplement required for the resident. [s. 6. (1) (c)]

2. The plan of care for the resident was not reviewed and revised to reflect the changes in the resident's health status and assessed needs.

The plan of care for the resident indicated maintain hydration therapy regime and monitor hydration therapy site for swelling, redness, tenderness and warmth. The plan of care was revised by Registered Practical Nurse October 2012, however, interview with the Nurse Manager/Educator confirmed that the resident was not receiving hydration therapy after return from the hospital. The plan of care was not reviewed and revised when the care set out in the plan of care was no longer necessary. [s. 6. (10) (b)]

3. The plan of care for the resident was not revised as care set out in the plan of care had not been effective and different approaches were not considered in relation to inadequate food and fluids intake. The plan of care identified resident's assessed kcal



needs 2050 Kcal, protein 66 gram and the fluids requirement 2050mls/ day. A review of food and fluid intake record Point of Care (POC) indicated the resident consumed most days less than 1000ml of fluid a day. The Progress notes documented by the home's dietitian dated April 2013 Identified resident at high nutritional risk, however, the assessment did not include an evaluation and effectiveness of strategies in relation to resident's inadequate fluid intake i.e. for seven consecutive days resident's fluid intake was less than 1000mls a day. The interventions in place were ineffective in meeting resident's assessed hydration needs. [s. 6. (11) (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 ensuring the plan of care sets out clear direction for staff and others who provided direct care to the resident 6(1)(c), the plan of care is reviewed and revised when the care set out in the plan of care is no longer necessary, 6(10)(b) the plan of care is being revised because care set out in the plan has not been effective, that different approaches are considered in the revision of the plan of care 6(11)(b), to be implemented voluntarily.

WN #2: 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 the plan, policy, protocol, procedures, strategy or system related to fluids monitoring was complied with [8(1)(b)]
In the home's policy and procedure "Hydration Management" dated August 2012 #6 stated "the resident will be encouraged to drink fluids or consume high fluid content foods immediately, and referral will be made to the Registered Dietitian if: a) resident is showing signs and symptoms of dehydration, OR b) When a resident's fluid intake is recorded, during the last 3 consecutive days and less than the daily requirement as assessed by the registered dietitian and recorded in the care Plan". The policy also stated "upon receipt of referral and in collaboration with the Interdisciplinary Team, the Registered Dietitian will assess the Resident's hydration status and recommend interventions to maintain adequate hydration".
Nutrition and Hydration Flow Sheets (Electronic documentation in Point of Care) POC reviewed for April, May and June 2013 identified Resident #0001's fluid intake most days at less than 1000ml fluids a day. The assessed fluid requirement recorded on the plan of care was 1260-1450 ml fluids a day. Resident's fluid intake was less than daily requirement for 3 consecutive days. There was no supportive documentation that a referral was made to the registered dietitian. The policy was not complied with in relation to referral to the registered dietitian. [s. 8. (1)]

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 where the Act or this Regulation requires to have, institute or otherwise put in place any plan, policy, protocol, procedures, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.



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Loi de 2007 sur les foyers de
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Issued on this 19th day of August, 2013

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

AShSehgd