



## 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*

|                               |   |  |
|-------------------------------|---|--|
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| <b>Name of Inspector:</b>     | Diana Stenlund  | <b>Inspector ID #</b> 163                                    |
| <b>Log #:</b>                 | S-00958   |  |
| <b>Inspection Report #:</b>   | 2011_163_2585_31May104912   |  |
| <b>Type of Inspection:</b>    | Complaint   |  |
| <b>Date of Inspection:</b>    | May 31/11   |  |
| <b>Licensee:</b>              | 615412 Ontario Inc., 3700 Billings Court, Burlington ON, LTN 3N6            |  |
| <b>LTC Home:</b>              | Northview Nursing Home, 77 River Road, P.O. Box 1139, Englehart, ON P0J 1H0 |  |
| <b>Name of Administrator:</b> | Tracey Gemill   |  |

To 615412 Ontario Inc., you are hereby required to comply with the following order by the date set out below:

|   |     |                    |                                      |
|---|-----|--------------------|--------------------------------------|
| <b>Order #:</b>   | 001 | <b>Order Type:</b> | Compliance Order, Section 153 (1)(a) |
| <b>Pursuant to:</b> O Reg. 79/10 s. 26(4)(a)(b) The licensee shall ensure that a registered dietitian (RD) 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). |     |                    |                                      |
| <b>Order:</b><br>The licensee must ensure that the registered dietitian (RD) has completed a nutritional assessment upon admission of all residents and must assess the matters referred to in paragraphs 13 and 14 of subsection 3.  |     |                    |                                      |
| <b>Grounds:</b><br><br>1. Five of five resident's medical documentation reviewed on May 31/11 did not contain a nutritional assessment upon admission by the RD and did not assess matters such as nutritional status, including height, weight and any risks relating to nutrition care, and hydration status and any risks relating to hydration.   |     |                    |                                      |



2. The RN/RAI Coordinator for the home confirmed on May 31/11 that the above five residents had not received a nutritional assessment by the RD upon admission.

**This order must be complied with by:** September 21, 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, 8<sup>th</sup> 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, 8<sup>th</sup> 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).



**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**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

|  |                       |
|--|-----------------------|
| Issued on this 21st day of June, 2011. |                       |
| Signature of Inspector:                | <i>Diana Stenlund</i> |
| Name of Inspector:                     | Diana Stenlund        |
| Service Area Office:                   | Sudbury               |



**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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
Sudbury ON P3E 6A5

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

Telephone: 705-564-3130  
Facsimile: 705-564-3133

Téléphone: 705-564-3130  
Télécopieur: 705-564-3133

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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|--|------------------------------------|--|
| <b>Date of inspection/Date de l'inspection</b>   | <b>Inspection No/ d'inspection</b> | <b>Type of Inspection/Genre d'inspection</b> |
| May 31, 2011   | 2011_163_2585_31May104912          | Complaint S-#00958                           |
| <b>Licensee/Titulaire</b>  |                                    |  |
| 615412 Ontario Inc., 3700 Billings Court, Burlington Ontario, ON LTN 3N6 # 905-333-6335 Fax # 905-634-7122 |                                    |  |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b>  |                                    |  |
| Northview Nursing Home, 77 River Road, P.O. Box 1139, Englehart, ON P0J 1H0 #705-544-8191 Fax#705544-8255  |                                    |  |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>   |                                    |  |
| Diana Stenlund, #163   |                                    |  |
| <b>Inspection Summary/Sommaire d'inspection</b>  |                                    |  |

The purpose of this inspection was to conduct complaint inspection.

During the course of the inspection, the inspector spoke with: The Administrator, registered staff, dietary staff, and Personal Support Workers (PSWs).

During the course of the inspection, the inspector:

Observed lunch and snack service.  
Reviewed medical documentation.  
Observed staff interaction and care with residents.  
Reviewed menu for meals and snacks.

The following Inspection Protocols were used during this inspection:

Food Quality  
Nutrition and Hydration  
Snack Observation

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

6 WN  
4 VPC  
1 CO: CO # 001

### 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 (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:**

Four residents did not receive the diet set out in the plan of care during lunch on May 31/11:

- 1) A resident received both Regular and Nectar Consistency Fluids at lunch however their diet is listed as requiring only Nectar Consistency Fluids.
- 2) A resident was given pureed soup however their diet is listed as Regular with Minced texture. This resident was also not offered the main entree.
- 3) A resident was provided with a Diabetic Pureed diet with Nectar Consistency water and Regular Consistency prune juice however their diet is listed as Diabetic Pureed with only Nectar Consistency fluids.
- 4) A resident was provided with a Diabetic Pureed diet with Nectar Consistency water and regular prune juice however their diet is listed as Diabetic Pureed diet with only Nectar Consistency Fluids.

**Inspector ID #:** 163

**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 respect to ensuring all residents receive the proper diet, textures and fluids consistencies, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with O Reg. 79/10 s. 26(4)(a)(b) 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).

**Findings:**

1) Five of five resident's medical documentation reviewed did not contain a nutritional assessment upon admission by a registered dietitian (RD).

**Inspector ID #:** 163

**Additional Required Actions:**

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

**WN #3:** The Licensee has failed to comply with O Reg. 79/10 s. 71(3)(c) The licensee shall ensure that each resident is offered a minimum of, (c) snack in the afternoon and evening.

**Findings:**

The licensee has not ensured each resident is offered a snack in the afternoon:

- 1) On afternoon nourishment pass on May 31/11, not all residents were offered food as part of their snack. For example, two residents were only offered Nectar Consistency juice.
- 2) A PSW assisting with snack pass, reported on May 31/11 "If someone is lying down in their bed and they are a choke risk we don't offer any food, only a beverage".

**Inspector ID #:** 163

**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 all residents are offered food as part of their snack in accordance with care needs and preferences, to be implemented

voluntarily.

**WN #4:** The Licensee has failed to comply with O Reg. 79/10 s. 71(4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

**Findings:**

1) The planned menu items for the afternoon nourishment pass on May 31/11 were not available on the snack cart. The snack menu indicates that for the week of May 30/11 (week 3) the snack on Tuesday pm is grape juice and raisin bread, however these items were not on the cart.

**Inspector ID #:** 163

**WN #5:** The Licensee has failed to comply with O Reg. 79/10 s. 72(2)(g) The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions.

**Findings:**

The licensee has not ensured menu substitutions are documented on the production sheet:

- 1) Green beans, a planned menu item for lunch on May 31/11 was substituted for coleslaw, however this was not documented on the production sheet. On May 31/11 a cook confirmed that this menu substitution was not recorded.
- 2) A cook was asked if any menu substitutions are recorded, they reported on May 31/11 at 4:03pm "we don't record substitutions".

**Inspector ID #:** 163

**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 all menu substitutions are documented on the production sheets, to be implemented voluntarily.

**WN #6:** The Licensee has failed to comply with O Reg. 79/10 s. 73(1)(5) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: (5) A process to ensure that food service workers and other staff assisting residents are aware of the resident's diets, special needs and preferences.

**Findings:**

The Licensee has not ensured that there is a process in place during nourishment pass for staff to be aware of resident's diets, special needs and preferences:

- 1) On May 31/11, a PSW who was assisting with pm snack reported "the snack sheet is out of date, it does not have all the residents, I will be honest".
- 2) Review of the nourishment sheet on May 31/11 indicated only two residents were to receive a pureed snack, however there were 6 other residents in the home who were also on a pureed texture on May 31/11.
- 3) The nourishment sheet was found to be missing key dietary information for 2 residents. A resident on a Diabetic, Pureed Diet and Nectar Consistency Fluids with a food Allergy, had only limited information on the nourishment sheet, for example, indicating only a Pureed Snack. There was no diet information on the nourishment sheet May 31/11 for a resident on a Post Surgery Diet Plan.



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|---|--|
| Inspector ID #: 163   |  |
| Additional Required Actions: [<br><br>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 to ensure that staff assisting residents with nourishment pass are aware of resident's diet's, special needs and preferences, to be implemented voluntarily. |  |

|   |  |
|---|--|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la<br>responsabilisation et de la performance du système de santé.<br><br><i>Diana Fenlond</i> |
| Title: _____ Date: _____  | Date of Report:<br><i>June 21, 2011</i>  |