

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

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

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	Licensee Copy/Copie du Titulaire Public Copy/Copie Public			
Date(s) of inspection/ Date de l'inspection December 10, 13, 14, 15, 2010	Inspection No/ d'inspection 2010_162_9562_13Dec103940	Type of Inspection/Genre d'inspection Complaint H-01893		
Licensee/Titulaire The Regional Municipality Of Peel 10 Peel Centre Drive, Brampton, ON, L6T 4B9				
Long-Term Care Home/Foyer de soins de la Peel Manor 525 Main Street North Brampton, ON, L6X 1N9 Name of Inspector	ongue durée			
Tiina Tralman				
Inspection Summary/Sommaire d'inspection				
The purpose of this visit was to conduct a complaint inspection. During the course of the inspection, the inspector spoke with: Director of Care, RN Supervisor, RAI Coordinator, Dietary Services Supervisor, Registered Dietitian, Region of Peel Corporate Dietitian, Dietary Aides, Nursing staff and PSWs, Residents and Family members. During the course of the inspection, the inspector: Reviewed health care records, Food Committee and Resident Council meeting minutes, reviewed menus, food production system, observed meal preparation and meal service, sampled menu items, observed staff in routine duties, interviewed residents and family members. The following Inspection Protocols were used during this inspection: Nutrition and Hydration Food Quality				
Written Notification related to food production under the LTC Homes Act 2007, O. Reg. 79/10, s. 72(3)(a) was issued under inspection report 2010_162_9562_13Dec132619 Log #H-01513 completed December 10, 13,				
14, 15, 2010. The following action was taken: Compliance Order #001. ☑ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN				
1 VPC				



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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(10) (b)

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,

(b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

- 1. There was no written diet order for the implementation of a therapeutic diet for an identified resident.
- 2. The plan of care for an identified resident had not been revised to reflect the discontinuation of a therapeutic diet.

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Additional Required Action:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 71 (2)

The licensee shall ensure that each menu, provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time.

Findings:

1. The current 2010/2011 fall and winter menu indicates the "ideal parameter" for sodium is 3500mg daily. The average daily menu provides approximately 3200mg daily. The DRI Upper Limit is set at 2300mg. Discussion with the Specialist, Interdisciplinary Practice Registered Dietitian for the Region of Peel confirmed on December 16, 2010 that the menu exceeds this value.

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Signature of Licensee or Signature du Titulaire du	Representative of Licensee 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.	
		Diina Walman	
Title:	Date:	Date of Report: (if different from date(s) of inspection). January 14, 2011	