

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Sep 24, 2021	2021_575214_0011	006955-21, 009394-21	Complaint

Licensee/Titulaire de permis

The Governing Council of the Salvation Army in Canada
2 Overlea Blvd Toronto ON M4H 1P4

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

R. H. Lawson Eventide Home
5050 Jepson Street Niagara Falls ON L2E 1K5

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

CATHY FEDIASH (214)

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): August 26, 30, 31, September 1, 2, 3, 7, 8, 9, 10, 13, 14, and 15, 2021.

Please note the following:

This inspection was conducted simultaneously with Follow Up inspection #2021_575214_0010 and Critical Incident System (CIS) inspection #2021_575214_0012.

The following intakes were completed during this complaint inspection:

- log #006955-21- related to food quality**
- log #009394-21- related to food quality**

During the course of the inspection, the inspector(s) spoke with the interim Executive Director (interim ED); interim Food Service Manager (interim FSM), Activity Manager, and residents.

During the course of the inspection, the inspector reviewed relevant policy and procedures, temperature log sheets, offer of employment letter, specified electronic mail (Email), meeting minutes, posted menu, production sheets, inspection reports, and observed meal services.

**The following Inspection Protocols were used during this inspection:
Food Quality**

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

- 4 WN(s)**
- 2 VPC(s)**
- 1 CO(s)**
- 0 DR(s)**
- 0 WAO(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</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</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>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>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the Nutrition Manager was an active member of the Canadian Society of Nutrition Management or a Registered Dietitian.

Specified information indicated the staff person in the role of Nutrition Manager, had not been an active member of the Canadian Society of Nutrition Management (CSNM) or a Registered Dietician (RD).

Review of documentation and interviews with the interim Food Service Manager (FSM) indicated they were appointed to this role, approximately 16 months prior.

The interim ED and FSM confirmed that the home had hired a RD to perform in the role of Nutrition Manager. The RD confirmed they had been employed at the home for a period of approximately 44 days, and following this time period, the staff member resumed their role as interim FSM.

The interim FSM confirmed they were not an active member of the CSNM; however, were currently registered for the program.

The interim ED confirmed the home did not have a Nutrition Manager who was an active member of the CSNM or a RD for a period of approximately 16 months, and at the time of this inspection.

Sources: Employee records, and interviews with the interim FSM and interim ED. [s. 75. (2)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to ensure that a response in writing was provided to the Residents' Council, within 10 days of receiving concerns and recommendations regarding food quality.

A review of specified Residents' Council meeting minutes indicated there had been concerns and recommendations regarding food quality. No written response to the concerns and recommendations was noted.

During an interview with the Activity Manager, they confirmed no written response had been provided to the Residents' Council within 10 days of receiving their food quality concerns and recommendations.

Sources: review of Resident's Council meeting minutes, and interview with the Activity Manager and other staff. [s. 57. (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 to ensure that a response in writing is provided to the Residents' Council, within 10 days of receiving concerns and recommendations regarding food quality, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (1) 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:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that food and fluids were served at a temperature that was both safe and palatable.

During an interview with the interim FSM, they indicated no food or fluid temperatures had been obtained and documented for at least the past 14 months.

A review of the licensee's policy, Food Temperatures (#FS-18, effective July 25, 2017) indicated the following:

- Food temperatures will be taken and recorded at regularly scheduled times to ensure the safety and palatability of food items being served.
- Ensure that all potentially hazardous foods are prepared, cooked, held and served at safe temperatures, therefore reducing the risk of food borne illness.
- Food temperatures must be taken at point of service. Temperature standards will be listed on the temperature form. The policy also contained a list of recommended temperatures for various foods.
- Food temperatures must be taken and recorded on production sheets for all potentially hazardous food items at the end of preparation to ensure the proper temperatures have been met.
- Food temperatures of all food including minced/puree textures must be recorded on production sheets located in the kitchen;
- If the food temperature does not meet the standard then corrective action must be taken and documented.
- The product must be held at proper holding temperature as per standardized recipe and according to public health standards.

The interim FSM and interim ED confirmed that the above policy would be implemented immediately, for the next meal service.

Review of the home's food and fluid temperature logs for a specified period of four days, following implementation, indicated the licensee's policy had not been fully implemented to ensure that food and fluids were served at a temperature that was both safe and palatable.

During an interview with the interim FSM, they confirmed that food and fluids had not been served at a temperature that was both safe and palatable.

Sources: the home's Food Temperature policy (#FS-18, effective July 25, 2017), temperature logs, and interviews with the interim FSM and other staff. [s. 73. (1) 6.]

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 food and fluids are served at a temperature that is both safe and palatable, to be implemented voluntarily.

WN #4: 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, (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).

s. 72. (2) The food production system must, at a minimum, provide for, (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 menu substitutions were communicated to residents and staff.

On an identified date, the posted menu listed a specified menu item would be served. Observation of this meal indicated that a substituted item had been served in place.

During interviews with the interim FSM, they indicated they had substituted the posted item and confirmed this substitution had not been communicated to the residents and staff.

Sources: Review of posted menu, production sheets, observation of the specified meal, and interviews with the interim FSM and other staff. [s. 72. (2) (f)]

2. The licensee failed to ensure that menu substitutions were documented on the production sheets.

On an identified date, the posted menu listed a specified menu item would be served. Observation of this meal indicated that a substituted item had been served in place.

A review of the home's production sheets for this meal, had not included the substituted item or the posted item and instead, listed six other items that had not been listed on the menu.

During an interview with the interim FSM, they indicated they had been following older menus and when an item was substituted, it had not been changed on the production sheets.

Sources: Review of posted menu, production sheets, observation of the specified meal, and interviews with the interim FSM and other staff. [s. 72. (2) (g)]

Issued on this 28th day of September, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CATHY FEDIASH (214)

Inspection No. /

No de l'inspection : 2021_575214_0011

Log No. /

No de registre : 006955-21, 009394-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Sep 24, 2021

Licensee /

Titulaire de permis : The Governing Council of the Salvation Army in Canada
2 Overlea Blvd, Toronto, ON, M4H-1P4

LTC Home /

Foyer de SLD : R. H. Lawson Eventide Home
5050 Jepson Street, Niagara Falls, ON, L2E-1K5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lynne Blake

To The Governing Council of the Salvation Army in Canada, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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 # /**No d'ordre :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10,

s. 75. (2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2).

Order / Ordre :

The licensee must be compliant with s. 75 (2) of O. Reg. 79/10.

Specifically, the licensee shall prepare, submit and implement a plan to ensure the person in the role of Nutrition Manager, is an active member of the Canadian Society of Nutrition Management or a registered dietitian.

The plan must include but is not limited to:

- 1) The type of actions to be taken to recruit personnel who meet the legislative requirements of the Nutrition Manager role.
- 2) The person(s) responsible for recruitment.
- 3) The person(s) responsible for ensuring documentation records are kept of all recruitment efforts.
- 4) The person(s) responsible for ensuring documentation records are kept of all potential candidates, including dates and outcomes of interviews.
- 5) The person(s) responsible for implementing an action plan if recruitment efforts are not effective.
- 6) Actions to address sustainability once the home has been successful in ensuring compliance with this legislation.

Please submit the written plan for achieving compliance for inspection 2021_575214_0011 to Cathy Fediash, LTC Homes Inspector, MLTC, by email to HamiltonSAO.moh@ontario.ca by October 8, 2021.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds / Motifs :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

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

1. The licensee failed to ensure that the Nutrition Manager was an active member of the Canadian Society of Nutrition Management or a Registered Dietitian.

Specified information indicated the staff person in the role of Nutrition Manager, had not been an active member of the Canadian Society of Nutrition Management (CSNM) or a Registered Dietician (RD).

Review of documentation and interviews with the interim Food Service Manager (FSM) indicated they were appointed to this role, approximately 16 months prior.

The interim ED and FSM confirmed that the home had hired a RD to perform in the role of Nutrition Manager. The RD confirmed they had been employed at the home for a period of approximately 44 days, and following this time period, the staff member resumed their role as interim FSM.

The interim FSM confirmed they were not an active member of the CSNM; however, were currently registered for the program.

The interim ED confirmed the home did not have a Nutrition Manager who was an active member of the CSNM or a RD for a period of approximately 16 months, and at the time of this inspection.

Sources: Employee records, and interviews with the interim FSM and interim ED. [s. 75. (2)]

An order was made by taking the following factors into account:

Please note: the following additional areas of non-compliance were identified during this inspection:

-A Written Notification (WN) was issued to s. 72. (2) (f) (g) of O.Reg. 79/10, in relation to menu substitutions were not communicated to residents and staff and not documented on the production sheets.

-A Voluntary Plan of Corrective Action (VPC) was issued to s. 73. (1) 6 of O.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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

Reg. 79/10, in relation to not ensuring that food and fluids were served at a temperature that was both safe and palatable.

-A WN was issued to s. 57 (2) of LTCHA, in relation to not providing a written response to the Residents' Council, within 10 days of receiving concerns and recommendations regarding food quality.

Severity: There was minimal risk related to this non-compliance as a result of the interim FSM not being an active member of the Canadian Society of Nutrition Management and not a registered dietitian. During this inspection, further non-compliance was identified related to the roles and responsibilities of a Nutrition Manager.

Scope: The scope of this non-compliance was widespread as the requirements of this position are applicable to all residents who reside in the Long-Term Care home.

Compliance History: The licensee was previously found to be non-compliant with different sections of the legislation in the last 36 months.

(214)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 04, 2022

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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

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 services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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 Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 24th day of September, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : CATHY FEDIASH

Service Area Office /

Bureau régional de services : Hamilton Service Area Office