



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 le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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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347 Preston St, 4th Floor
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Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: April 26, 27, 2011; May 10, 25, 2011; 2011_042148_0001; Follow up

Licensee/Titulaire de permis

BRUYERE CONTINUING CARE INC.
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

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

RESIDENCE SAINT- LOUIS
879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Programs, Senior Director of Planning and Residential Programs, Director of Care, Nutritional Manager and Food Service Supervisor. Also spoke with Resident Services Clerks, Personal Support Workers and Food Service Workers responsible for meal service and resident care on unit 1C, the day shift Registered Practical Nurses responsible for care April 26th, 27th and May 10th on 1C, the charge Registered Nurse for April 26th and 27th and residents residing on unit 1C.

During the course of the inspection, the inspector(s) reviewed resident health records, Weight Measurement and Follow up policy effective October 15, 2010, resident weight records, March 2011 Report on Weight Documentation and Weight Loss from Bruyere Continuing Care, the planned menu for April 26th and 27th, resident diet lists for unit 1C, job routines for meal service and observed the breakfast meal service on April 27th.

The following Inspection Protocols were used in part or in whole during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<p>Definitions</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Définitions</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. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :

1. O.Reg 79/10, s.68(2), requires the licensee to ensure the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration.
2. O.Reg 79/10, s. 69, requires the licensee to ensure that resident body weights are assessed for changes of 5% over 1 month, 7.5% over 3 months, 10% over 6 months and any other weight change that compromises the resident's health status.
3. The home's Weight Measurement and Follow-up policy, effective October 15, 2010 does not reflect the requirements under O.Regulation 69.4. The policy does not ensure that any other weight changes that compromises the resident's health status are identified and evaluated.
4. Interview with Director of Care on May 2, 2011, stated that it is home's procedure to have each resident's monthly weight entered into the Med-e-Care Care Plan within the first week of the month.
5. A review of Med-e-Care Care Plan data for the 2nd floor revealed that 11 residents on the 2A unit, 11 residents on the 2B unit and 16 residents on the 2C unit, did not have April weights entered, as of April 26, 2011.
6. Interview with Director of Care on May 2, 2011, stated that it is home's procedure to have the Resident Services Clerk print and distribute the monthly weight change reports from Med-e-Care reflecting the 5%, 7.5% and 10% weight changes, to the Registered Nurse, Food Service Supervisor and Clinical Dietitian, within the first or second week of the month.
7. Interview with the Registered Nurse on April 26, 2011, and the Food Service Supervisor on April 27, 2011, stated that they have not received the weight change report from the Resident Services Clerk. Both use the Bruyere Continuing Care Report on Weight Documentation and Weight loss to evaluated weight changes in the home. The Food Service Supervisor, currently responsible to review monthly weights, stated the most current Bruyere weight report that has been provided is dated February 2011.

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 O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits sayants :

1. The body weight of an identified resident is as follows:

- 35.6 kgs, February 2011
- 32.5 kgs, March 2011
- 32.0 kgs, April 2011

2. The resident's body weight in March 2011 indicates a weight loss of 8.7% over one month. A review of the resident's health record indicates that the weight loss in March 2011 was not identified or assessed by a staff member, as of April 26th, 2011. The lack of assessment was confirmed by the Food Service Supervisor, responsible to review monthly weights, during interview on April 27, 2011.

3. The body weight of an identified resident is as follows:

- 42.8 kgs, February 2011
- 44.1 kgs, March 2011
- 40.2 kgs, April 2011

4. The resident's body weight in April 2011 indicates a weight loss of 8.6% over one month. A review of the resident's health record indicates that the weight loss in March 2011 was not identified or assessed by a staff member, as of April 26th, 2011. The lack of assessment was confirmed by the Food Service Supervisor, responsible to review monthly weights, during interview on April 27, 2011.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits sayants :

1. A resident identified at high nutritional risk and requiring total feeding assistance was not offered egg at the breakfast meal service on April 27, 2010 as per the planned menu.
2. A resident identified at high nutritional risk and requiring nutritional supplement, was not offered egg at the breakfast meal service on April 27, 2011 as per the planned menu.



Ministry of Health and
Long-Term Care

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

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Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 27th day of May, 2011

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

Amarda Nix, RD LTCH Inspector



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

Ordre(s) de l'inspecteur
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 System Accountability and Performance Division
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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

Public Copy/Copie du public

Name of Inspector (ID #) /
Nom de l'inspecteur (No) : AMANDA NIXON (148)

Inspection No. /
No de l'inspection : 2011_042148_0001

Type of Inspection /
Genre d'inspection: Follow up

Date of Inspection /
Date de l'inspection : *May 26, 27 2011*
May 10, 25, 2011

Licensee /
Titulaire de permis : BRUYERE CONTINUING CARE INC.
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

LTC Home /
Foyer de SLD : RESIDENCE SAINT-LOUIS
879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : CARL BALCOM

To BRUYERE CONTINUING CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # /
Ordre no : 001 Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall ensure that the policy and procedure to ensure that all resident body weights are assessed for changes, reflect all requirements as per O.Reg 79/10, s. 69, and that the policy and procedure is complied with.

Grounds / Motifs :



**Ministry of Health and
Long-Term Care**

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

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. O.Reg 79/10, s.68(2), requires the licensee to ensure the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration.
2. O.Reg 79/10, s. 69, requires the licensee to ensure that resident body weights are assessed for changes of 5% over 1 month, 7.5% over 3 months, 10% over 6 months and any other weight change that compromises the resident's health status.
3. The home's Weight Measurement and Follow-up policy, effective October 15, 2010 does not reflect the requirements under O.Regulation 69.4. The policy does not ensure that any other weight changes that compromises the resident's health status are identified and evaluated.
4. Interview with Director of Care on May 2, 2011, stated that it is home's procedure to have each resident's monthly weight entered into the Med-e-Care Care Plan within the first week of the month.
5. A review of Med-e-Care Care Plan data for the 2nd floor revealed that 11 residents on the 2A unit, 11 residents on the 2B unit and 16 residents on the 2C unit, did not have April weights entered, as of April 26, 2011.
6. Interview with Director of Care on May 2, 2011, stated that it is home's procedure to have the Resident Services Clerk print and distribute the monthly weight change reports from Med-e-Care reflecting the 5%, 7.5% and 10% weight changes, to the Registered Nurse, Food Service Supervisor and Clinical Dietitian, within the first or second week of the month.
7. Interview with the Registered Nurse on April 26, 2011, and the Food Service Supervisor on April 27, 2011, stated that they have not received the weight change report from the Resident Services Clerk. Both use the Bruyere Continuing Care Report on Weight Documentation and Weight loss to evaluate weight changes in the home. The Food Service Supervisor, currently responsible to review monthly weights, stated the most current Bruyere weight report that has been provided is dated February 2011. (148)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 30, 2011



**Ministry of Health and
Long-Term Care**

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

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

Ordre(s) de l'inspecteur
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 # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Order / Ordre :

The licensee shall ensure that the weight loss, as identified for two residents, and any subsequent weight changes, will be assessed using an interdisciplinary approach.

Grounds / Motifs :

1. The body weight of an identified resident as follows:
 - 35.6 kgs, February 2011
 - 32.5 kgs, March 2011
 - 32.0 kgs, April 2011
2. The resident's body weight in March 2011 indicates a weight loss of 8.7% over one month. A review of the resident's health record indicates that the weight loss in March 2011 was not identified or assessed by a staff member, as of April 26th, 2011. The lack of assessment was confirmed by the Food Service Supervisor, responsible to review monthly weights, during interview on April 27, 2011.
3. The body weight of an identified resident is as follows:
 - 42.8 kgs, February 2011
 - 44.1 kgs, March 2011
 - 40.2 kgs, April 2011
4. The resident's body weight in April 2011 indicates a weight loss of 8.6% over one month. A review of the resident's health record indicates that the weight loss in March 2011 was not identified or assessed by a staff member, as of April 26th, 2011. The lack of assessment was confirmed by the Food Service Supervisor, responsible to review monthly weights, during interview on April 27, 2011. (148)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 30, 2011



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Long-Term Care**

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

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

Ordre(s) de l'inspecteur
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 # /
Ordre no :** 003

**Order Type /
Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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. O. Reg. 79/10, s. 71 (4).

Order / Ordre :

The licensee shall ensure that all residents are offered the planned menu items at each meal.

Grounds / Motifs :

1. A resident identified at high nutritional risk and requiring total feeding assistance was not offered egg at the breakfast meal service on April 27, 2010 as per the planned menu.
2. A resident identified at high nutritional risk and requiring nutritional supplement, was not offered egg at the breakfast meal service on April 27, 2011 as per the planned menu. (148)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** May 30, 2011



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Ordre(s) de l'inspecteur 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/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

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 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, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

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 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:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th 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.

Issued on this 27th day of May, 2011

Signature of Inspector / Signature de l'inspecteur : Amanda Nixon

Name of Inspector / Nom de l'inspecteur : AMANDA NIXON

Service Area Office / Bureau régional de services : Ottawa Service Area Office