



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 19, 21, 22, 25, 26, 29, 2012	2012_183135_0007	Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

RIVERSIDE GLEN LONG TERM CARE FACILITY
60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Assistant General Manager, Hospitality Supervisor, Assistant Director of Food Services, Registered Nurse, Registered Practical Nurse, 3 Personal Care Assistants, 2 Cooks, 2 Dietary Aides, 9 Residents and Family member.

During the course of the inspection, the inspector(s) reviewed clinical health records, food production processes, policies and procedures, observed breakfast and lunch in one home area and met with staff, residents and family member.

Log # L-001402-12

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

Infection Prevention and Control

Medication

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 subsections:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. Resident had a doctor's order to have their blood sugar levels tested twice weekly on a rotating time schedule.

July 2012, resident had blood sugar levels tested, 4 times or 50% of the time.

August 2012, resident had blood sugar levels tested, 2 times or 37.5% of the time.

In record review with the Registered Practical Nurse, she confirmed the resident's blood sugar level testing had not occurred as per the doctor's orders.

In interview, the Assistant General Manager, confirmed her expectation that care set out in the plan of care be provided to the resident as specified in the plan. [LTCHA, 2007, S.O. 2007, c. 8, s.6(7)]

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 care set out in the plan of care be provided to the resident, 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 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 saillants :

1. Home's policy for Food Temperature Control, October 2010, #4 states, food temperature checks must be conducted daily just prior to food leaving the kitchen, at point of service and end of service. The home's policy was not complied with when the following was observed in review of the main kitchen temperature check records, October 1-7, 2012:

Hot Food temperature checks were taken for 9 menu items out of a possible 63 menu items, or 14.3% were taken.

In record review with the Hospitality Supervisor, she confirmed the temperatures had not been taken and it was her expectation that the Food Temperature Control policy be complied with and food temperature checks must be conducted daily just prior to food leaving the kitchen.

Home's Resident Dining Committee Policy June 2012, #6 states, minutes from the Resident's Dining Committee will be posted and include responses within 21 days. The home's policy was not complied with when the following was observed:

In the May 9, 2012, Dining Committee minutes, item #6 states residents expressed a concern that "foods sometimes not served at high enough temperature". The response from the food services department at the meeting was "will monitor on an ongoing basis via spot checks and temperature records."

The food temperature concern of residents on May 9, 2012, was not addressed within 21 days, nor was follow up provided to residents at the next Dining committee meeting, July 6, 2012.

In interview, the Assistant Director of Food Services confirmed the resident's concern about food not being hot enough had not been addressed within 21 days nor was there follow up in the minutes of the Residents' Dining committee minutes. [O. Reg. 79/10, s. 8 (1).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 temperature checks for all foods produced are taken at point of service and Dining Committee Minutes reflect all actions taken in response to resident's concerns as per the regulations/requirements as outlined in the LTCHA, to be implemented voluntarily.

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. (2) The licensee shall ensure that each menu,

(a) 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

(b) 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. O. Reg. 79/10, s. 71 (2).

Findings/Faits saillants :

1. During lunch service in home dining room, residents were not provided adequate nutrients and/or energy based on the current DRI's (Dietary Reference Intakes) when it was observed that 10 of 11 (90%) of the menu items reviewed were the incorrect portion size as per the planned menu. The following examples were noted:

Minced Beets- menu indicates #8 scoop required, # 10 scoop used
Mashed Potatoes-menu indicates #8 scoop required, # 10 scoop used
Puree Tuna Sandwich- menu indicates #8 scoop required, # 10 scoop used
Raspberry Mousse- menu indicates #8 scoop required, # 10 scoop used

In interview, home's Assistant Director of Food Services confirmed, her expectation portion sizes served follow the planned menu ensuring that residents are provided adequate nutrients. [O.Reg.79/10, s.71(2) (a)]

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 correct portion sizes are provided as per the planned menu, providing residents adequate nutrients/energy, 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 subsections:**

s. 72. (2) The food production system must, at a minimum, provide for,
(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
(c) standardized recipes and production sheets for all menus;
(d) preparation of all menu items according to the planned menu;
(e) menu substitutions that are comparable to the planned menu;
(f) communication to residents and staff of any menu substitutions; and
(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. During Breakfast service in the home's dining room, Poached eggs and English muffins were not available as per the home's planned menu.
In interview, the cook confirmed the menu items were not prepared and sent to the dining room as per the posted menu.

In interview, the home's Assistant Director of Food Services confirmed it is her expectation that all menu items are prepared according to the planned menu. [O.Reg. 79/10, s. 72.(2)(d)]

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 preparation of all menu items as per the planned menu, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

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:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. During lunch in home's dining room, residents expressed their concerns that the chicken fingers were "lukewarm" when served.

The following items were noted as not being held at safe, palatable temperatures when probed during the lunch meal service October 19, 2012:

Minced Chicken Fingers- 139F

Chicken Fingers- 120F

Tuna Salad Croissant sandwich-58F

Raspberry Mousse- 58F

The acceptable minimum for hot food temperatures is 140F and 40F is the maximum cold food temperature.

In interview, Assistant Director of Food Services confirmed her expectation that food and fluids are served at temperatures that are both safe and palatable for residents. [O.Reg. 79/10, s. 73.(1)6.]

2. Breakfast service in home's dining room, observed resident was not safely positioned when Registered Practical Nurse stood to feed resident their cereal.

In interview, the Assistant General Manager, confirmed her expectation that residents are safely positioned when being fed.[O. Reg. 79/10, s. 73 (1). 10.]

3. During Breakfast in home area, it was noted Week One of the menus were not communicated to residents.

In interview, the Hospitality Supervisor confirmed the weekly menus were not posted, and it was her expectation that weekly menus be communicated to residents. [O. Reg. 79/10, s. 73 (1) 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 all menu items are served at safe, palatable temperatures and residents are safely positioned when being fed meals/snacks, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :

1. At breakfast in interview with resident, observed resident had pills sitting on the dining room table. Resident stated " I take them following my meal". At that point the resident administered their own medications. Record review revealed resident did not have a Physician's order to administer their own medications.

In interview with the Registered Practical Nurse, the inspector inquired why resident's medications were left on the dining table. The RPN stated she goes back to check to see if resident takes them. Inspector queried how she would know if resident took the medication or if resident threw it out. She stated "she did not know", as she could not see resident from where she was standing in the dining room. She stated she needs to stay with residents until she can be assured they take their medications.

In interview, the home's Assistant General Manager confirmed her expectation residents don't administer their own medications unless the self administration of medications has been approved by the prescriber in consultation with the resident. [O Reg. 79/10 s, 131(5)]

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 residents administer their own medications only when it has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. During breakfast service in home dining room, staff member was observed handling dirty dishes/equipment and serving resident's their breakfast without evidence of hand washing/hand hygiene.

The home's Assistant General Manager confirmed her expectation that infection control practices are followed i.e. good hand hygiene practices by staff after handling dirty dishes/equipment and serving resident meals. [O. Reg. 79/10, s. 229 (4)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. Earlier in 2012, resident had a doctor's order to have their blood sugar levels tested twice weekly on a rotating time schedule. Results of blood sugar levels were to be documented in the resident's MARS documentation.

In record review with the Registered Practical Nurse, she confirmed the blood sugar levels for resident were taken on 7 occasions in September, 2012. However, record review revealed that the blood sugar level testing results were documented once September 11, 2012 or 14.4% of the time for the month of September.

In interview, Assistant General Manager confirmed her expectation that any actions taken with respect to a resident under a program, including the resident's responses to interventions are documented. [O. Reg. 79/10, s. 30 (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 ensuring any actions taken with respect to a resident under a program, including the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 31st day of October, 2012

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

