



**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

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système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 2-4, 2010	2010_171_8558_02Nov103838	Follow-up, Dietary H-02378
Licensee/Titulaire		
Shalom Manor Long Term Care Home, 12 Bartlett Avenue, Grimsby, ON L3M 4N5		
Long-Term Care Home/Foyer de soins de longue durée		
Shalom Manor Long Term Care Home, 12 Bartlett Avenue, Grimsby, ON L3M 4N5		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Elisa Wilson, LTC Homes Inspector, Dietary (#171)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a follow-up inspection related to previously identified unmet standards and criteria from the Long Term Care Homes Program Manual that applied when the home was governed by the Charitable Institutions Act:

Annual Inspection conducted August, 2007

- B3.23 – Nutrition care
- B3.24 – Weight changes evaluated and action taken
- P1.17 – Beverages offered at snack times to all residents
- P1.18 – Snacks offered at afternoon and bedtime to all residents
- P1.27 – Provide nutrition care consistent with plans of care

During the course of the inspection, the inspector spoke with: the administrator, director of care, foodservices manager, dietary staff, registered staff, healthcare aides and residents.

The inspector observed lunch, afternoon snack and dinner service on November 2, 2010 and breakfast and morning snack service on November 3, 2010. Eight resident plans of care were reviewed, both in the computer and paper copies. The Homes policy on weighing residents (Weighing Residents: Nutritional Assessment of Residents #N26-180) was requested and reviewed.

The following Inspection Protocols were used during this inspection:

Dining Observation
Snack Observation
Nutrition and Hydration

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

5 WN
5 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance

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(1)(c). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Identified plans of care did not provide clear direction to staff. For e.g., Resident #1 had a physician's order for 235mL Resource 2.0 at nourishment pass, the summary plan of care indicates 1 box of Boost 1.5 at nourishment pass, the dining room binder indicates 1 box of Resource at nourishments. The summary plan of care indicates a nose cup is required however the dining room binder indicates a sippy cup. Resident #2 had a physician's order and care plan summary indicating a need for a pureed texture. The dining room binder and diet sheet in the servery indicate a minced texture with pureed soup and bread.
2. Snack lists did not include all resident information for the afternoon snack on 3rd floor on November 2, 2010. Five residents were missing from the list.
3. The plan of care summary for Resident #3 includes conflicting information regarding the diet texture. The "Eating" section indicates minced texture and the "Nutrition" section indicates a chopped texture. Diet order sheet indicates a chopped texture.

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 the written plan of care sets out clear direction to staff, to be implemented voluntarily.

WN #2: 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:

1. Identified residents did not get a snack as per their plan of care. Resident #4 had a pureed snack ordered for the afternoon, however it was not provided on November 2, 2010, Resident #5 had a pudding and Resident #6 had a pureed snack ordered for morning snack, however these snacks were not provided on November 3, 2010.

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 the care set out in

the plan of care is provided to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.107(1)5. Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

5. An outbreak of a reportable disease or communicable disease as defined in the C724Health Protection and Promotion Act.

Findings:

1. The Director was not immediately informed and the critical incident report was not submitted regarding the upper respiratory infection outbreak that was declared on October 28, 2010 by Public Health. The first critical incident report received was on November 2, 2010 regarding this outbreak.

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 the Director is immediately informed and the critical incident reports are submitted correctly when an outbreak is declared, to be implemented voluntarily.

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

Findings:

1. Resident #7 had a significant change in her condition requiring a diet change to honey thickened fluids from regular fluids in September 2010. There is no documented nutritional assessment regarding this change in the plan of care.

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 nutritional assessments are completed for all residents with a significant change in health condition, to be implemented voluntarily.

WN #5: 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) a snack in the afternoon and evening.

Findings:

1. Two high nutrition risk residents, Resident #4 and Resident #8 were not offered a snack in the afternoon with their beverage. They both require a pureed texture and there were no pureed



options available on the snack cart. The plans of care for both residents indicate a pureed snack is required in the afternoon.

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 all residents are offered a snack in the afternoon and evening, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.24, LTC Homes Program Manual, now found in O.Reg. 79/10, s.69.1,2,3,and 4 is now in compliance.			Annual Inspection August 2007	
P1.17, LTC Homes Program Manual, now found in O.Reg. 79/10, 71(3)(b) is now in compliance.			Annual Inspection August 2007	

Signature of Licensee or Representative of Licensee Signature du Titulaire du 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.	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		Dec. 01, 2010	