



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 sous la Loi de 2007 sur les foyers de soins de longue durée

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 30, 2013	2013_186171_0025	L-000288-13	Complaint

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
574 Northcliffe Avenue, DUNDAS, ON, L9H-7L9

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

ST JOSEPH'S HEALTH CENTRE, GUELPH
100 WESTMOUNT ROAD, GUELPH, ON, N1H-5H8

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

ELISA WILSON (171)

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): May 29, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, Food Services Manager, Dietary Aides, Personal Support Workers and Residents.

During the course of the inspection, the inspector(s) observed lunch meal service, reviewed Residents' Council minutes and reviewed the plans of care of identified residents.

The following Inspection Protocols were used during this inspection:

Dining Observation



Food Quality

Findings of Non-Compliance were found during this inspection.

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>Legendé</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 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 :



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1. The licensee had not ensured all of the concerns and recommendations received from Residents' Council were responded to in writing within 10 days of receiving the advice.

The home has a process to post the responses to concerns and recommendations that arise at Residents' Council meetings with the Residents' Council meeting minutes, however not all of the food service issues were put in writing. For example, the January 2013 minutes indicated a concern with some neighbourhoods running short of menu items. The Food Services Manager was invited to the following meeting for discussion, however there was no documentation regarding a follow-up or resolution of this specific concern. The April 2013 minutes indicated a concern with undercooked vegetables one day on most home areas, however there was no follow-up or resolution documented regarding this concern.

The Food Services Manager confirmed these items were not responded to in writing.
[s. 57. (2)]

WN #2: 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:

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. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



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1. The licensee had not ensured all residents were provided with eating aids and assistive devices required to safely eat and drink as comfortably and independently as possible.

The plans of care for three identified residents indicated specific meal time interventions. Lunch meal service was observed and the residents were not provided with these interventions.

Staff confirmed the Patient Roster Report used in the serveries did include the interventions, however they were not provided at that meal service for the three identified residents. [s. 73. (1) 9.]

Issued on this 30th day of May, 2013

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

Elisa Wilson