

**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**London Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 18, 2020	2020_788721_0027	016690-20, 016750- 20, 017890-20	Complaint

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**Licensee/Titulaire de permis**The Corporation of the County of Elgin Municipal Homes  
450 Sunset Drive 3rd Floor, Suite 303 ST. THOMAS ON N5R 5V1**Long-Term Care Home/Foyer de soins de longue durée**Terrace Lodge  
475 Talbot Street East, 49462 Talbot Line AYLMEER ON N5H 3A5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MEAGAN MCGREGOR (721), KRISTEN MURRAY (731)

**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): September 14-17, 2020.**

**The following intakes were completed in this complaint inspection:**

**Log #016690-20 related to allegations of abuse;**

**Log #016750-20 related to concerns about staffing levels and bathing; and**

**Log #017890-20 related to concerns about staffing levels and resident care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care (MRC), the Manager of Support Services, two Registered Practical Nurses (RPNs), four Personal Support Workers (PSWs), a dietary staff member and residents.**

**The Inspectors also observed the staffing levels in the home, staff interactions with residents and the care being provided to residents; reviewed clinical records and plans of care for the identified residents and the home's documentation related to the incidents; and reviewed relevant policies and procedures of the home.**

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

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Sufficient Staffing**

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

**1 WN(s)**

**0 VPC(s)**

**0 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. 68. Nutrition care and hydration programs**

**Specifically failed to comply with the following:**

**s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**

**(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**

**(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**

**(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**

**(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**

**(e) a weight monitoring system to measure and record with respect to each resident,**

**(i) weight on admission and monthly thereafter, and**

**(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that a weight monitoring system was in place to measure and record a resident's weight on admission.

The residents care plan directed staff to monitor them for weight loss as a sign of a change in their condition. Their weight was first measured and recorded one month after they were admitted to the home.

An RPN explained that resident weights were expected to be obtained by PSW staff within one to two days of a resident's admission and would be recorded in their clinical record by registered staff. The MRC acknowledged that the residents first recorded weight was one month after they were admitted to the home and they were not weighed within three days of admission as per the home's Weight Change Management policy.

Sources: "Weight Change Management" policy, care plan, weights, and interviews with an RPN and the MRC. [s. 68. (2) (e) (i)]

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**Issued on this 13th day of October, 2020**

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

**Original report signed by the inspector.**