



**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
prévues 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**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|--|--|--|
| Oct 5, 6, 7, 8, 20, 21, 24, 2011 | 2011_088135_0019 | Complaint |

Licensee/Titulaire de permis

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4

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

TILBURY MANOR NURSING HOME
16 FORT STREET, P.O. BOX 160, TILBURY, ON, N0P-2L0

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 Administrator, Director of Care, Dietitian, Food Services Supervisor, and 1 Registered Practical Nurse.

During the course of the inspection, the inspector(s) reviewed resident's health records, policies and procedures and infection control practices.

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| | |
|---|--|
| Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order | Legendé 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.) | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | 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 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. October 5, 2011 15:30-home's Notification of Diet Change or Nutritional Status Change Policy DTY-III-17, November 2010 was reviewed to determine compliance with the LTCHA and Regulations. Policy states when there is a change in the nutritional status of a resident i.e. poor fluid and solid intake nursing will complete a Notification of Diet Order Change or Nutritional Status Change Form (039) and send to Dining Services Manager.

Home's Nutritional Status Change Policy was not complied with when resident's average daily fluid intake was 483.5 mls./day or 48.3 % of their daily minimum fluid requirement of 1000 mls./day and 53.5 % of resident's meals were refused, July 7-21, 2011.

Resident was not referred to the home's Dining Services Manager as per homes' Notification of Diet Change or Nutritional Status Change Policy DTY-III-17 November 2010, for ongoing poor food and fluid intake, July 7-21, 2011.

October 7, 2011 13:25-in interview home's Food Services Supervisor confirmed resident was not referred for assessment for poor food and fluid intake July 7-21, 2011, as per the homes' Notification of Diet Change or Nutritional Status Change Policy, DTY-III-17, November 2010.

October 5, 2011 15:00-home's Food and Fluid Monitoring and Resident Food Intake Evaluation Policy DTY-III-27, December 2008 was reviewed to determine compliance with the LTCHA and Regulations. The policy states food and fluid intake is monitored and recorded for all residents on a daily basis by nursing staff for all meals and snacks using the Daily Flow sheet (076). Home's Food and Fluid Monitoring and Resident Food Intake Evaluation Policy DTY-III-27 was not complied with when resident's responses to supplement intervention of Boost/Resource were not documented on the Daily Meal and Fluid Documentation Record as follows July 1-21, 2011:

Breakfast Medication Pass for Boost/Resource 18/21 or 85.7% of the time

Lunch Medication Pass for Boost/Resource, 18/21 or 85.7% of the time

Supper Medication Pass for Boost/Resource 21/21 or 100% of the time

Am. Snack for Boost/Resource 16/21 or 76.1% of the time

PM. Snack for Boost/Resource 15/21 or 71.4% of the time

HS Snack for Boost/Resource 15/21 or 71.4% of the time

October 5, 2011 15:26-in interview home's Dietitian confirmed it was her expectation that resident's intake of supplement interventions be documented as per the resident's plan of care that states "Nursing will record food and fluid intake at meals and snacks on flow sheets". [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 that policies and procedures for nutritional referrals and resident's food and fluid documentation is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (4) 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; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. October 5, 2011 15:25-in record review, observed resident with average daily fluid intake of 483.5 mls./day or 48.3 % of their daily minimum fluid requirement of 1000 mls./day and meal refusal of 53.5%, for July 7-21, 2011. Resident was not assessed for significant change in resident's health condition when resident was not referred to home's Dietitian for poor food and fluid intake, July 7-21, 2011 as per the home's Notification of Diet Change or Nutritional Status Change Policy DTY-III-17, November 2010. Policy states when there is a change in the nutritional status of a resident, nursing will complete a Notification of Nutritional Status Change Form (039) and send referral form to Dining Services Manager, who ensures pertinent changes are communicated to the home's Dietitian.

October 7, 2011 13:25-in interview home's Food Services Supervisor confirmed, resident was not referred by nursing nor was resident assessed by Dietitian when there was a significant change in resident's health condition related to ongoing poor food and fluid intake, July 7-21, 2011. [O.Reg.79/10,s.26(4)(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 registered Dietitian completes a nutritional assessment for residents when there is a significant change in resident's health condition, to be implemented voluntarily.

WN #3: 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. October 5, 2011 15:25-in review of resident's, Daily Meal and Fluid Documentation Record for the period July 1-21, 2011, observed resident's responses to supplement interventions of Boost/Resource were not documented as follows:

Breakfast Medication Pass for Boost/Resource 18/21 or 85.7% of the time
Lunch Medication Pass for Boost/Resource, 18/21 or 85.7% of the time
Supper Medication Pass for Boost/Resource 21/21 or 100% of the time
Am. Snack for Boost/Resource 16/21 or 76.1% of the time
PM. Snack for Boost/Resource 15/21 or 71.4% of the time
HS Snack for Boost/Resource 15/21 or 71.4% of the time

October 5, 2011 15:26-in interview, home's Dietitian confirmed it was her expectation that resident's intake of supplement interventions be documented as per the resident's plan of care that states "Nursing will record food and fluid intake at meals and snacks on flow sheets". [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 to ensure that any actions taken with respect to a resident under a program including resident's responses to interventions are documented, to be implemented voluntarily.



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prévus le Loi de 2007 les
foyers de soins de longue**

Issued on this 24th day of October, 2011

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