

**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**

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**Amended Public Copy/Copie modifiée du rapport public**

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| <b>Report Date(s)/<br/>Date(s) du<br/>Rapport</b> | <b>Inspection No/<br/>No de l'inspection</b> | <b>Log #/<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|---|--|----------------------------------|--|
| Jun 24, 2020                                      | 2020_617148_0005<br>(A2)                     | 001746-20                        | Other  |

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**Licensee/Titulaire de permis**

Mohawk Council of Akwesasne  
P.O. Box 579 CORNWALL ON K6H 5T3

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

Tsiionkwanonhsote  
70 Kawehnoke Apartments Road Akwesasne ON K6H 5R7

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

Amended by HEATH HEFFERNAN (622) - (A2)

**Amended Inspection Summary/Résumé de l'inspection modifié**

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**Due to the current emergency orders in place amid the coronavirus pandemic, we will be extending compliance orders #001, #002, #003, #004, #005 issued under; r. 71. (1), r. 73. (1) , r. 74. (1), r. 72. (2), and r. 68. (2) from Inspection Report # 2020\_617148\_0005 to October 31, 2020.**

**Issued on this 24th day of June, 2020 (A2)**

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

**Original report signed by the inspector.**

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): February 11-14 and February 24, 2020**

**This inspection is a Service Area Office Initiated Inspection.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator, Food Service Manager (FSM), Registered Nurses, Registered Practical Nurses, Personal Support Workers, Food Service Workers (FSW), Cook, Activity Aides, Housekeeping Aide and residents.**

**In addition, the Inspector(s) reviewed resident health care records; documents related to the food production and nutrition hydration program; documents related to the medication management system; the home's most recent compliant and related processes; and meeting minutes of the Resident Council. The Inspector(s) also observed the resident care environment, resident care, meal services, a medication administration and a medication storage area.**

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

**Dining Observation  
Falls Prevention  
Medication  
Nutrition and Hydration  
Reporting and Complaints  
Residents' Council  
Skin and Wound Care**

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

**10 WN(s)**

**1 VPC(s)**

**5 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |   |
|---|---|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>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. 71. Menu planning**

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

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks.

In review of the Resident Summary Report of February 11, 2020, residents were listed to require Regular or Modified Diabetic diets with regular, minced, puree or soft texture.

The home's three week menu cycle was reviewed by Inspector #148. The home's menu cycle includes a regular diet/regular texture menu. The menu cycle did not provide for therapeutic diets or texture modification for either meals or snacks.

The FSM reported that the home has no planned Modified Diabetic, soft, minced or puree menu available. FSM described that food items on the regular menu are the same food items offered between the diets and texture modifications.

In discussion with Cook #111, who participates in the preparation of meals, it was reported that not all food items on the regular menu are prepared for the puree menu. Cook #111 indicated that some vegetables, specifically salads are replaced with an alternative cooked vegetable.

In discussion with FSW #103, who participates in the preparation of meals, it was reported that food items such as bacon, melon and pineapple will not be prepared for the puree menu as they do not puree to an appropriate consistency.

In discussion with FSW #103, who participates in the preparation of snacks, it was

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reported that many of the food items on the regular snack menu are not prepared for the puree menu. FSW #103 exemplified that cookies and sandwiches are replaced with pudding, yogurts and applesauce.

During the lunch meal observations of February 11 and 14, 2020, it was noted that the regular menu offered sliced bread with each meal; bread was provided to residents on regular and minced textures, however, there was no puree bread offered or available to residents on puree texture. FSW #102 and #103 reported that puree bread is only offered at breakfast.

During the lunch meal observations of February 11 and 14, 2020, it was noted that no minced vegetables or meat were prepared.

During the lunch meal observation of February 11, 2020, it was noted that there was no choice of vegetable prepared for residents on a puree texture.

The findings demonstrate that the licensee did not ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks.

In addition, as indicated by WN #9, related to O. Regulation 79/10, s. 72, the home did not have minced or puree recipes and/or production sheets available for all food items prepared; nor were the recipes and production sheets, available for the regular menu, followed during meal preparations.

As indicated by WN #4, related to LTCHA, 2007, s. 6, the home did not ensure that the plan of care for each resident was provided as set out in the plan of care during meal service, which included the provision of therapeutic diets and texture modifications. [s. 71. (1) (b)]

2. The licensee has failed to ensure the home's menu cycle was approved by a registered dietitian who is a member of the staff of the home.

As indicated by WN #3, related to O. Regulation 79/10, s. 74, the home was without a registered dietitian (RD) for a specified duration of time. In discussion with the FSM, the home's fall/winter menu cycle, implemented October 2019 and currently in place, was not approved by a registered dietitian.

The severity of non-compliance with O.Regulation 79/10, s.71, was determined to

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be a level 2 as there was minimal harm identified. The scope was a level 3, as all residents were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 71(1) of O.

Regulation 79/10. [s. 71. (1) (e)]

***Additional Required Actions:***

**CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001**

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**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:**

**5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).**

**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:**

**8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home has a dining and snack service that includes, at a minimum, a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

On February 11, 2020, Inspector #148 conducted a meal observation. FSW #102 and FSW #103, who were serving the lunch meal, identified the Resident Summary Report as the process used to identify residents' diets, special needs and preferences.

As indicated by WN #6 and WN #8, related to O. Regulation 79/10, s.26 and s. 69, respectively, resident #006 had a change in weight, diagnosis and texture needs. The resident's texture needs were down graded from regular texture in the fall of 2019.

The Resident Summary Report available on February 11, 2020, for the main dining room was last updated June 18, 2019, and identified resident #006 to require regular diet, regular texture.

As indicated by WN #6 and WN #8 related to O. Regulation 79/10, s. 26 and s.69, respectively, resident #007 has a history of nutritional related diagnosis and change in weight. The health care record identified the resident required regular diet with cut up food.

The Resident Summary Report available on February 11, 2020, for the satellite dining room was last updated December 24, 2019, and did not identify resident #007 on the report.

The Resident Summary Report available on February 12, 2020, updated the same day, listed the name of resident #007, however, failed to identify the resident diet, texture or any special needs.

On February 14, 2020, resident #007 was observed to be provided with a regular texture. FSW #116, who served the lunch meal reported resident #007 is provided with regular texture. FSW #103, who was observed to serve lunch meal service on February 11, 2020, indicated that resident #007 is provided a minced texture.

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As indicated by WN #6 and WN #8, related to O. Regulation 79/10, s.26 and s. 69, respectively, resident #008 had a change in appetite and weight loss. In the fall of 2019 the resident's texture was down graded and weight reducing interventions were removed.

The Resident Summary Report available on February 11, 2020, for the main dining room was last updated December 24, 2019, and identified resident #008 as requiring regular diet with weight reducing interventions in place.

The Resident Summary Report available on February 12, 2020, updated the same day, identified resident #008 to require regular diet and regular texture.

On February 13, 2020, resident #008 was observed to be provided with a minced texture. In discussion with the Cook #111, who was serving the meal, it was reported that the resident usually receives a texture modified meal however, the resident will get a regular meal if the resident does not eat the texture modified meal.

On February 12, 2020, the Inspector spoke with the FSM regarding initial concerns with the nutrition care and hydration program. The FSM updated the Resident Summary Report for each dining room, however, the report included eleven residents without diet and/or texture needs listed. The report included residents with the texture of soft and residents with diets of modified diabetic, 2 grams Sodium and low fat/low cholesterol. The FSM reported that there was no guidance for staff on the implementation of soft texture, 2 grams Sodium or low fat/low cholesterol diets. Further the FSM reported that there are no residents receiving a modified diabetic diet.

The severity of O. Regulation 79/10, s. 73(1) 5 was determined to be a level 3 as there was actual risk of harm identified. The scope of the issue was a level 3, as all residents who required therapeutic or texture modified diets were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 73(1) of O. Regulation 79/10. [s. 73. (1) 5.]

2. The licensee has failed to ensure that the home has a dining and snack service that includes, at a minimum, course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

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The lunch meal service was observed on February 14, 2020, in the main dining room. FSW #103 was observed to provide desserts to all residents seated in the dining room. At the time of dessert service, only two residents were noted to have completed the entrée. [s. 73. (1) 8.]

***Additional Required Actions:***

**CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002**

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 74. Registered dietitian**

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

**s. 74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there is at least one registered dietitian for the home.

During discussions with the FSM related to the food production system and menu approval, it was reported that the home had been without a registered dietitian for months in 2019.

The Inspector spoke with the Administrator who reported that RD #117's last day on site at the home was May 25, 2019. RD #118, hired October 28, 2019,

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provided dietetic services to the home between November 21, 2019 and January 6, 2020.

The Administrator reported that efforts were made for recruitment starting May 15, 2019, when the Administrator became aware that RD #117 would no longer be working for the home after May 25, 2019. The Administrator indicated a contract was purchased with a third party to assist in recruitment efforts, to which the Administrator corresponded with weekly. In addition, contact was made with local hospitals, long-term care homes and the Mohawk Council to ascertain dietetic services. The Administrator noted that these same efforts have been made since January 2020 to present.

During the course of the inspection, the Inspector made the Administrator and FSM aware of the compliance issues being identified. On February 14, 2020, the Administrator indicated that one of the RD's employed by the Mohawk Council had agreed to come to the home to assist on a short-term bases due to the compliance issues identified. In a follow up meeting, on February 24, 2020, the Administrator reported that after discussing the compliance issues with the contracted third party, that a candidate for the permanent RD position was available for interview.

In discussions with the Administrator, FSM, DOC and RAI-MDS Coordinator there was no indication that processes had been put in place to mitigate risks, related to the lack of a registered dietitian in the home between May 26, 2019 to October 28 2019 and January 7, 2020 to February 14, 2020.

As indicated by WN #1, WN #6, WN#7, WN#8, related to O. Regulation 79/10, s.71, s.26, s.50 and s.69, respectively, non-compliance was identified specific to the implementation of the nutritional care and hydration program whereby the absence of an RD impacted the home's ability to comply.

The severity was determined to be a level 3 as there was actual risk of harm identified. The scope of the issue was a level 3, as all residents were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 74 of O. Regulation 79/10. [s. 74. (1)]

***Additional Required Actions:***

**CO # - 003 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 003**

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there is an organized food production system in the home. The food production system must, at a minimum, provide for standardized recipes and production sheets for all menus.

On February 11, 2020, Inspector #148 observed the lunch meal service. FSW #103, who had prepared the meal, reported no available recipes or production sheets for use during meal preparation.

As indicated by WN #1 , related to O. Regulation 79/10, s. 71, non-compliance was identified whereby not all menu items were produced for all texture modifications.

On February 12, 2020, the FSM provided a binder containing the recipes and production sheets for the current week. In review of the contents of the binder, it was noted that regular recipes were available, however, not all minced textured recipes were available; there were no puree textured recipes available; and no soft texture recipes or production sheets. As indicated by this report, residents

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were identified by dietary staff as requiring regular, minced, soft and puree texture modifications.

After review of the production sheets and recipes, FSW #103, reported that the meat, for the meal service observed on February 11, 2020, was pre-cooked the day before; a process not indicated by the production sheet. Additionally, the seasonings and preparation of the meat and vegetable choices varied from that described by the recipes. FSW #103 had noted that only one puree vegetable was prepared as there was not enough of both vegetables to puree for two options

Cook #111, who is the regular cook for the home, reported that no recipes are used for the preparation of puree or minced food items. Cook #111 reported that vegetables and meats are minced by use of the food processor for residents on a minced texture. Cook #111 noted that puree food items are prepared with use of thickener and appropriate liquid additions, to achieve the correct consistency.

The Inspector spoke with FSW #102, FSW #103, FSW #116, who were responsible for preparation and/or service of a lunch meal observed. Each FSW indicated that minced and soft textured food items were prepared the same. It was reported that those on minced or soft texture receive regular texture vegetables with meat cut into pieces by fork and knife at the time of plating.

The FSM reported that residents on a soft texture receive vegetables that are cooked longer and meat that is cooked in liquid; this was confirmed not to be the practice of the FSWs who prepare the meal. The FSM reported that vegetables and meat are to be minced using the food processor; this was confirmed not to be the practice of the FSWs who prepare the meal.

Inspector #148 observed the meal service on February 11, 2020 and February 14, 2020 and noted that minced meat was cut by use of fork and knife at time of plating and puree food items were noted with strings/lumps and/or did not hold form.

The severity was determined to be a level 2 as there was minimal risk of harm identified. The scope of the issue was a level 3, as all residents were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 72 of O. Regulation 79/10. [s. 72. (2) (c)]

***Additional Required Actions:***

**CO # - 004 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 004**

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**WN #5: 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).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the nutrition care program included a weight monitoring system to measure and record with respect to each resident, the weight on admission and monthly thereafter.

As indicated by WN #8, related to O. Regulation 79/10, s. 69, residents #006, #007 and #008 did not have weight measured monthly, with each resident missing one weight between August 2019 and December 2019.

A Monthly Weight Report was provided to the Inspector by the DOC, which identified weight measures taken for each resident in the home between May 2019 and January 2020. In addition, to the three residents identified above, seventeen other residents were identified to have at least one month whereby the weight was not measured and recorded.

In a discussion with the RAI-MDS Coordinator, it was reported that nursing staff were notified when a weight was not recorded. An explanation for the missing weights could not be determined.

The severity was determined to be a level 3 as there was actual risk of harm identified. The scope of the issue was a level 3, as all three residents inspected were identified with non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 68 of O. Regulation 79/10. [s. 68. (2) (e) (i)]

***Additional Required Actions:***

**CO # - 005 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A2)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 005**

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**WN #6: 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:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**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. The licensee failed to ensure that there was a written plan of care for resident #006 and #007 that set out the planned care for the residents.

Resident #006 has a nutritional related diagnosis and eats in the main dining room. The Inspector spoke with FSW #103, who regularly prepares and serves the breakfast meal. FSW #103 indicated that resident #006 receives a high fibre diet at breakfast. In review of the health care record, the most recent assessment did not include the need for high fibre nor was there a plan of care that indicated the resident's need for high fibre.

A progress note from the physician on a specified date, described the resident #007 with gastrointestinal symptoms. FSW #103 indicated that resident #007 receives a high fibre diet at breakfast. In review of the health care record, the most recent assessment noted a risk of dehydration and the plan of care did not indicate the need for high fibre. In this way, the licensee failed to ensure that the written plan of care sets out the planned care. [s. 6. (1) (a)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to residents #013, #015 and #017 as specified in the plan.

Resident #013 was observed at the lunch meal service on February 11, 2020, to

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receive minced texture. In review of the health care record, a physician order was written on a specified date, changing minced texture to puree texture due to swallowing problems. The plan of care described the resident as requiring puree texture. In this way, the care set out in the plan of care was not provided to resident #013.

The Resident Summary Report used by staff to identify a resident's dietary needs, available to staff on February 11, 2020, indicated residents #015 and #017 require high fibre interventions.

The plan of care and physician orders for resident #015 indicated high fibre as an intervention to be provided to the resident. This intervention was initially put in place as it related to gastrointestinal symptoms.

The plan of care and physician orders for resident #017 indicated high fibre as an intervention to be provided to the resident. The plan of care indicated the need for fibre for gastrointestinal symptoms.

In discussion with the FSM it was reported that no additional intervention was in place for these residents at this time related to increased fibre. FSW #103, who participates in the meal service, did not identify these two residents as receiving high fibre interventions. In this way, the care set out in the plan of care was not provided to resident #015 and #017.

Resident #017 was observed to be provided a puree texture on February 24, 2020. The resident's current physician order includes interventions of high calorie.

Cook #111 and FSW #103, indicated that there are no residents on high calorie interventions. FSW #103, who served the meal on February 24, 2020, confirmed that no high calorie interventions were provided to resident #017 at that meal service. In this way, the care set out in the plan of care was not provided to resident #017. [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 to ensure that the written plan of care sets out the planned care for the resident and that the care set out in the plan of care is provided to the resident, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:**

- 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 O. Reg. 79/10, s. 26 (4).**
  - (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. The licensee has failed to ensure that a registered dietitian who is a member of the staff of the home, completed a nutritional assessment for resident #002, #007 and #012 on admission and when there was a significant change in the health condition and that a registered dietitian who is a member of the staff of the home assessed the nutritional and hydration status and any risk relating to nutrition care and hydration, including weight, for residents #003, #006 and #007.

Resident #007 was admitted to the home on a specified date. As indicated by WN #8, related to O. Regulation 79/10, s.69, resident #007 had nutrition related diagnosis, weight loss and identified nutritional risks. In review of the health care record, resident #007 was not assessed by an RD on admission, but rather assessed three months post admission as part of the Minimum Data Set (MDS) quarterly assessment. In addition, the resident's weight loss as noted by WN #8, was not assessed by an RD.

Resident #012 was admitted to the home on a specified date, with nutritional

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related diagnoses and identified nutritional risks. In review of the health care record, resident #012 has not been assessed by an RD since the resident's admission

Resident #002 was admitted on a specified date. In review of the health care record, resident #002 has not been assessed by an RD since the resident's admission. [s. 26. (4) (a),s. 26. (4) (b)]

2. As indicated by WN #8, related to Regulation 79/10 s. 69, resident #006 had weight loss in the last 6 months..

During a review of the health care record, progress notes from the physician indicated that there were concerns related to a gastrointestinal disorder. Physician notes two months later indicated a change in condition; the resident received a new diagnosis that would impact nutritional risk. Later the resident's physician noted eating and swallowing problems. The physician down graded diet texture.

The last assessment of nutritional care, conducted by RD #117 was dated five months prior to the described changes in condition above. The assessment noted the resident with a stable weight and good appetite. The resident was not assessed again by an RD until nine months later (see WN #8). Resident #006 was not assessed by an RD as it relates to the nutritional and hydration status and risks relating to nutrition care and hydration.

As indicated by WN #7, related to O. Regulation 79/10, s. 50(1)(b)(i), resident #003, did not have nutritional and hydration status and risks relating to nutrition care and hydration assessed as it related to skin integrity and identified nutritional risks. [s. 26. (4) (a),s. 26. (4) (b)]

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #001, #003 and #009, who were exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds had been assessed by a registered dietitian who is a member of the staff of the home.

Resident #001 was identified with altered skin integrity. The resident has nutritional related diagnosis.

A review of the resident's health care record indicated that the resident's wound was assessed weekly and care treatments were reviewed and revised several times by the attending physician and nursing team. The resident's nutritional status and wound care were last assessed an RD in the spring of 2019, whereby the resident was identified at high nutritional risk.

The DOC and ADOC were aware that resident #001 was identified at high nutritional risk and that the resident's nutritional needs related to skin integrity had not been reassessed by an RD.

Resident #003 was identified with altered skin integrity. The resident has nutritional related diagnosis.

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A review of the resident's health care record indicated that the resident had complications related to the altered skin integrity. The resident was last assessed in the spring of 2019, whereby the resident was identified at high nutritional risk, however, the assessment did not include skin integrity.

The DOC and ADOC are aware that resident #003 is at high nutritional risk and that changes in the resident skin integrity, including nutritional and hydration needs have not been assessed by an RD.

Resident #009 was admitted to the home in on a specified date with altered skin integrity. The resident's nutritional status was last assessed by an RD in late 2019, however, this assessment did not include skin integrity.

The DOC reported that they were aware that resident #009 is at nutritional risk and that the resident's nutritional and hydration needs have not been reassessed as it relates to altered skin integrity. In response to this inspection, the DOC completed and sent an external referral, requesting assessment by a Registered Dietitian.

Resident #009 has not had their nutritional and hydration needs related to pressure ulcers and wounds assessed by an RD. [s. 50. (2) (b) (iii)]

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**

**Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:**

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

**Findings/Faits saillants :**

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durée**

1. The licensee has failed to ensure that resident #006, #007 and #008 with weight changes of 5 per cent of body weight, or more, over one month; 7.5 per cent of body weight, or more, over three months; 10 per cent of body weight, or more, over 6 months; and any other weight change that compromises the resident's health status, were assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.

Resident #006 was identified with nutrition related diagnosis. The resident was noted to have weight loss over the last 6 months

A review of the health care record indicated that weight changes occurred in two identified months and were not assessed. The resident had a nutritional supplement increased on a subsequent month in response to the continued weight loss. After the increase in supplement the resident continued to demonstrate weight changes. There was no further assessment of the continued weight changes nor an evaluation of the outcome of the actions taken.

Resident #007 was identified with nutrition related diagnosis. The resident was noted to have weight loss over the last 5 months

The resident's health care record indicates changes in nutritional risk in three identified months. Weight changes noted in two subsequent months were not assessed.

Resident #008 was identified with nutrition related diagnosis. The resident was noted to have weight loss over the last 5 months

In review of the health care record the weight change of an identified month was not assessed. The resident was assessed by the RD a couple months later for weight loss at which time nutritional interventions were modified. The resident continued to experience weight changes; a review of the health care record indicated that there was no assessment of the weight change in a subsequent month.

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**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

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

**s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

In discussion with the Administrator and Activity Director, who is the liason to the Residents' Council, it was reported that the last satisfaction survey of residents and families was last conducted in the spring of 2018. There has been no survey of residents' and families to measure satisfaction in 2019. [s. 85. (1)]

**Issued on this 24th day of June, 2020 (A2)**

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

**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**

**Original report signed by the inspector.**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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

**Amended Public Copy/Copie modifiée du rapport public**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by HEATH HEFFERNAN (622) - (A2)

**Inspection No. /  
No de l'inspection :** 2020\_617148\_0005 (A2)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 001746-20 (A2)

**Type of Inspection /  
Genre d'inspection :** Other

**Report Date(s) /  
Date(s) du Rapport :** Jun 24, 2020(A2)

**Licensee /  
Titulaire de permis :** Mohawk Council of Akwesasne  
P.O. Box 579, CORNWALL, ON, K6H-5T3

**LTC Home /  
Foyer de SLD :** Tsiionkwanonhsote  
70 Kawehnoke Apartments Road, Akwesasne, ON,  
K6H-5R7

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Vincent Barry Lazore

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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

To Mohawk Council of Akwesasne, you are hereby required to comply with the  
following order(s) by the      date(s) set out below:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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**Order # /****No d'ordre:** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- (d) includes alternative beverage choices at meals and snacks;
- (e) is approved by a registered dietitian who is a member of the staff of the home;
- (f) is reviewed by the Residents' Council for the home; and
- (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 71(1)

Specifically the licensee must:

- 1) Develop and implement a menu cycle that includes a minimum of 21 days:
  - (a) the menu cycle is to include menus for regular, therapeutic and texture modified diets for meals and snacks; and
- 2) Ensure that the menu cycle, including menus for regular, therapeutic and texture modified diets for meals and snacks, is approved by a Registered Dietitian who is a member of the staff of the home.

**Grounds / Motifs :**

- 1. The licensee has failed to ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks.

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

In review of the Resident Summary Report of February 11, 2020, residents were listed to require Regular or Modified Diabetic diets with regular, minced, puree or soft texture.

The home's three week menu cycle was reviewed by Inspector #148. The home's menu cycle includes a regular diet/regular texture menu. The menu cycle did not provide for therapeutic diets or texture modification for either meals or snacks.

The FSM reported that the home has no planned Modified Diabetic, soft, minced or puree menu available. FSM described that food items on the regular menu are the same food items offered between the diets and texture modifications.

In discussion with Cook #111, who participates in the preparation of meals, it was reported that not all food items on the regular menu are prepared for the puree menu. Cook #111 indicated that some vegetables, specifically salads are replaced with an alternative cooked vegetable.

In discussion with FSW #103, who participates in the preparation of meals, it was reported that food items such as bacon, melon and pineapple will not be prepared for the puree menu as they do not puree to an appropriate consistency.

In discussion with FSW #103, who participates in the preparation of snacks, it was reported that many of the food items on the regular snack menu are not prepared for the puree menu. FSW #103 exemplified that cookies and sandwiches are replaced with pudding, yogurts and applesauce.

During the lunch meal observations of February 11 and 14, 2020, it was noted that the regular menu offered sliced bread with each meal; bread was provided to residents on regular and minced textures, however, there was no puree bread offered or available to residents on puree texture. FSW #102 and #103 reported that puree bread is only offered at breakfast.

During the lunch meal observations of February 11 and 14, 2020, it was noted that no minced vegetables or meat were prepared.

During the lunch meal observation of February 11, 2020, it was noted that there was no choice of vegetable prepared for residents on a puree texture.

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The findings demonstrate that the licensee did not ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks.

In addition, as indicated by WN #9, related to O. Regulation 79/10, s. 72, the home did not have minced or puree recipes and/or production sheets available for all food items prepared; nor were the recipes and production sheets, available for the regular menu, followed during meal preparations.

As indicated by WN #4, related to LTCHA, 2007, s. 6, the home did not ensure that the plan of care for each resident was provided as set out in the plan of care during meal service, which included the provision of therapeutic diets and texture modifications.

The licensee has failed to ensure the home's menu cycle was approved by a registered dietitian who is a member of the staff of the home.

As indicated by WN #3, related to O. Regulation 79/10, s. 74, the home was without a registered dietitian (RD) for a specified duration of time. In discussion with the FSM, the home's fall/winter menu cycle, implemented October 2019 and currently in place, was not approved by a registered dietitian.

The severity of non-compliance with O.Regulation 79/10, s.71, was determined to be a level 2 as there was minimal harm identified. The scope was a level 3, as all residents were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 71(1) of O. Regulation 79/10. (148)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Oct 31, 2020(A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre:** 002

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

The licensee must be compliant with O. Reg. 79/10, s. 73(1)

Specifically the licensee must:

- 1) Review and revise the Resident Summary Report, to ensure that all resident diets, special needs and preferences are accurate with the residents assessed needs;
- 2) Develop and implement a process to ensure ongoing accuracy of the Resident Summary Report as resident diet, special needs and preferences change over time; and
- 3) Ensure food service workers and other staff assisting residents are aware of the resident's diets, special needs and preferences.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that the home has a dining and snack service that includes, at a minimum, a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

On February 11, 2020, Inspector #148 conducted a meal observation. FSW #102 and FSW #103, who were serving the lunch meal, identified the Resident Summary Report as the process used to identify residents' diets, special needs and preferences.

As indicated by WN #6 and WN #8, related to O. Regulation 79/10, s.26 and s. 69, respectively, resident #006 had a change in weight, diagnosis and texture needs. The resident's texture needs were down graded from regular texture in the fall of 2019.

The Resident Summary Report available on February 11, 2020, for the main dining room was last updated June 18, 2019, and identified resident #006 to require regular diet, regular texture.

As indicated by WN #6 and WN #8 related to O. Regulation 79/10, s. 26 and s.69, respectively, resident #007 has a history of nutritional related diagnosis and change in weight. The health care record identified the resident required regular diet with cut

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Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

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up food.

The Resident Summary Report available on February 11, 2020, for the satellite dining room was last updated December 24, 2019, and did not identify resident #007 on the report.

The Resident Summary Report available on February 12, 2020, updated the same day, listed the name of resident #007, however, failed to identify the resident diet, texture or any special needs.

On February 14, 2020, resident #007 was observed to be provided with a regular texture. FSW #116, who served the lunch meal reported resident #007 is provided with regular texture. FSW #103, who was observed to serve lunch meal service on February 11, 2020, indicated that resident #007 is provided a minced texture.

As indicated by WN #6 and WN #8, related to O. Regulation 79/10, s.26 and s. 69, respectively, resident #008 had a change in appetite and weight loss. In the fall of 2019 the resident's texture was down graded and weight reducing interventions were removed.

The Resident Summary Report available on February 11, 2020, for the main dining room was last updated December 24, 2019, and identified resident #008 as requiring regular diet with weight reducing interventions in place.

The Resident Summary Report available on February 12, 2020, updated the same day, identified resident #008 to require regular diet and regular texture.

On February 13, 2020, resident #008 was observed to be provided with a minced texture. In discussion with the Cook #111, who was serving the meal, it was reported that the resident usually receives a texture modified meal however, the resident will get a regular meal if the resident does not eat the texture modified meal.

On February 12, 2020, the Inspector spoke with the FSM regarding initial concerns with the nutrition care and hydration program. The FSM updated the Resident Summary Report for each dining room, however, the report included eleven residents without diet and/or texture needs listed. The report included residents with the texture of soft and residents with diets of modified diabetic, 2 grams Sodium and low fat/low

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cholesterol. The FSM reported that there was no guidance for staff on the implementation of soft texture, 2 grams Sodium or low fat/low cholesterol diets. Further the FSM reported that there are no residents receiving a modified diabetic diet.

The severity of O. Regulation 79/10, s. 73(1) 5 was determined to be a level 3 as there was actual risk of harm identified. The scope of the issue was a level 3, as all residents who required therapeutic or texture modified diets were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 73(1) of O. Regulation 79/10.  
(148)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Oct 31, 2020(A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre:** 003

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 74 (1)

Specifically the licensee must:

- 1) Ensure that there is at least one registered dietitian for the home,
  - a) Develop and implement a plan for recruitment and retention of a registered dietitian for the home,
    - (i) Document the plan and any actions taken related to recruitment and retention;
    - b) Ensure that strategies are put in place to identify residents at nutrition and/or hydration risk and mitigate any risks for those identified residents during the recruitment of a registered dietitian for the home.
  
- 2) Ensure that the Registered Dietitian for the home completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and assess the nutritional status, including height, weight and any risks relating to nutrition care and hydration status and any risks relating to hydration; and
  
- (3) Ensure that the Registered Dietitian for the home, assess a resident exhibiting altered skin integrity and ensure that any changes made to the resident's plan of care relating to nutrition and hydration are implemented.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that there is at least one registered dietitian

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for the home.

During discussions with the FSM related to the food production system and menu approval, it was reported that the home had been without a registered dietitian for months in 2019.

The Inspector spoke with the Administrator who reported that RD #117's last day on site at the home was May 25, 2019. RD #118, hired October 28, 2019, provided dietetic services to the home between November 21, 2019 and January 6, 2020.

The Administrator reported that efforts were made for recruitment starting May 15, 2019, when the Administrator became aware that RD #117 would no longer be working for the home after May 25, 2019. The Administrator indicated a contract was purchased with a third party to assist in recruitment efforts, to which the Administrator corresponded with weekly. In addition, contact was made with local hospitals, long-term care homes and the Mohawk Council to ascertain dietetic services. The Administrator noted that these same efforts have been made since January 2020 to present.

During the course of the inspection, the Inspector made the Administrator and FSM aware of the compliance issues being identified. On February 14, 2020, the Administrator indicated that one of the RD's employed by the Mohawk Council had agreed to come to the home to assist on a short-term bases due to the compliance issues identified. In a follow up meeting, on February 24, 2020, the Administrator reported that after discussing the compliance issues with the contracted third party, that a candidate for the permanent RD position was available for interview.

In discussions with the Administrator, FSM, DOC and RAI-MDS Coordinator there was no indication that processes had been put in place to mitigate risks, related to the lack of a registered dietitian in the home between May 26, 2019 to October 28 2019 and January 7, 2020 to February 14, 2020.

As indicated by WN #1, WN #6, WN#7, WN#8, related to O. Regulation 79/10, s.71, s.26, s.50 and s.69, respectively, non-compliance was identified specific to the implementation of the nutritional care and hydration program whereby the absence of an RD impacted the home's ability to comply.

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

The severity was determined to be a level 3 as there was actual risk of harm identified. The scope of the issue was a level 3, as all residents were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 74 of O. Regulation 79/10. [s. 74. (1)]  
(148)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Oct 31, 2020(A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre:** 004

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 72 (2)

Specifically the licensee must:

1) Develop and implement standardized recipes and production sheets for all menu cycles, including menus for regular, therapeutic and texture modified diets for both meals and snacks:

a) staff who prepare and serve the meals and snacks are to be trained on the use of the standardized recipes and production sheets,

(i) a record of staff training provided is to be maintained.

**Grounds / Motifs :**

1. The licensee has failed to ensure that there is an organized food production system in the home. The food production system must, at a minimum, provide for standardized recipes and production sheets for all menus.

On February 11, 2020, Inspector #148 observed the lunch meal service. FSW #103,

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

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who had prepared the meal, reported no available recipes or production sheets for use during meal preparation.

As indicated by WN #1 , related to O. Regulation 79/10, s. 71, non-compliance was identified whereby not all menu items were produced for all texture modifications.

On February 12, 2020, the FSM provided a binder containing the recipes and production sheets for the current week. In review of the contents of the binder, it was noted that regular recipes were available, however, not all minced textured recipes were available; there were no puree textured recipes available; and no soft texture recipes or production sheets. As indicated by this report, residents were identified by dietary staff as requiring regular, minced, soft and puree texture modifications.

After review of the production sheets and recipes, FSW #103, reported that the meat, for the meal service observed on February 11, 2020, was pre-cooked the day before; a process not indicated by the production sheet. Additionally, the seasonings and preparation of the meat and vegetable choices varied from that described by the recipes. FSW #103 had noted that only one puree vegetable was prepared as there was not enough of both vegetables to puree for two options

Cook #111, who is the regular cook for the home, reported that no recipes are used for the preparation of puree or minced food items. Cook #111 reported that vegetables and meats are minced by use of the food processor for residents on a minced texture. Cook #111 noted that puree food items are prepared with use of thickener and appropriate liquid additions, to achieve the correct consistency.

The Inspector spoke with FSW #102, FSW #103, FSW #116, who were responsible for preparation and/or service of a lunch meal observed. Each FSW indicated that minced and soft textured food items were prepared the same. It was reported that those on minced or soft texture receive regular texture vegetables with meat cut into pieces by fork and knife at the time of plating.

The FSM reported that residents on a soft texture receive vegetables that are cooked longer and meat that is cooked in liquid; this was confirmed not to be the practice of the FSWs who prepare the meal. The FSM reported that vegetables and meat are to be minced using the food processor; this was confirmed not to be the practice of the FSWs who prepare the meal.

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Inspector #148 observed the meal service on February 11, 2020 and February 14, 2020 and noted that minced meat was cut by use of fork and knife at time of plating and puree food items were noted with strings/lumps and/or did not hold form.

The severity was determined to be a level 2 as there was minimal risk of harm identified. The scope of the issue was a level 3, as all residents were affected by this non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 72 of O. Regulation 79/10. (148)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Oct 31, 2020(A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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**Order # /****No d'ordre:** 005**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, 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;

(b) the identification of any risks related to nutrition care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(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).

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 68(2)

Specifically the licensee must:

1) Ensure that residents with weight changes, as described by O. Regulation 79/10 s.69, are assessed using an interdisciplinary approach, and that actions are taken and outcomes evaluated; and

2) Ensure that all assessments, actions taken and evaluation of outcomes are documented.

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Grounds / Motifs :**

1. The licensee has failed to ensure that the nutrition care program included a weight monitoring system to measure and record with respect to each resident, the weight on admission and monthly thereafter.

As indicated by WN #8, related to O. Regulation 79/10, s. 69, residents #006, #007 and #008 did not have weight measured monthly, with each resident missing one weight between August 2019 and December 2019.

A Monthly Weight Report was provided to the Inspector by the DOC, which identified weight measures taken for each resident in the home between May 2019 and January 2020. In addition, to the three residents identified above, seventeen other residents were identified to have at least one month whereby the weight was not measured and recorded.

In a discussion with the RAI-MDS Coordinator, it was reported that nursing staff were notified when a weight was not recorded. An explanation for the missing weights could not be determined.

The severity was determined to be a level 3 as there was actual risk of harm identified. The scope of the issue was a level 3, as all three residents inspected were identified with non-compliance. The compliance history is a level 2 as the home has previous non-compliance but not to section 68 of O. Regulation 79/10. (148)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Oct 31, 2020(A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

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section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

**Ordre(s) de l'inspecteur**

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2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 24th day of June, 2020 (A2)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by HEATH HEFFERNAN (622) - (A2)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**Service Area Office /  
Bureau régional de services :**

Ottawa Service Area Office