



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 13, 2013	2013_108110_0019	T-471-13	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

HUMBER VALLEY TERRACE
95 Humber College Blvd., Rexdale, ON, M9V-5B5

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

DIANE BROWN (110)

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): October 25, 29 and 30, 2013

During the course of the inspection, the inspector(s) spoke with administrator, director of care, food service manager, environmental services manager, dietary aides and cooks

During the course of the inspection, the inspector(s) observed food production, ware washing, food handling and cleaning, reviewed relevant policies and procedures, cleaning routine, menus and standardized recipes

The following Inspection Protocols were used during this inspection:



Food Quality

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with 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).

Findings/Faits saillants :



1. The licensee failed to ensure that the home's Indian/cultural menu cycle includes menus for therapeutic and texture modified diets. Menu review and staff interviews confirm that the homes' Indian/cultural menu cycle does not include menus for texture modified diets (minced and pureed). [s. 71. (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 to ensure that the home's Indian/cultural menu cycle includes menus for therapeutic and texture modified diets, to be implemented voluntarily.

WN #2: 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).

s. 72. (2) The food production system must, at a minimum, provide for, (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :



1. The licensee failed to ensure that there is an organized food production system in the home that provides for standardized recipes and production sheets for the Indian/cultural menu in the home.

Record review on October 29, 2013 revealed that standardized recipes for minced and pureed and production sheets for the Khoya Muttar recipe and other menu items offered at lunch and dinner were not available.

Staff interviews confirmed that there are no texture modified (minced and pureed) standardized recipes for the Indian/cultural menu in the home and no standardized portion sizes. The food service manager confirmed that they have only 40 percent of the required regular recipes, although not standardized, for the Indian/ cultural menu and no recipes for texture modified foods.

The lack of standardized recipes does not ensure that taste, nutritive value, appearance and food quality are preserved. [s. 72. (2) (c)]

2. The Licensee has failed to ensure that standardized recipes as part of the planned menu are followed.

Standardized recipes were not prepared as planned altering the flavour, nutrient value and appearance of the planned menu.

Observations of food production along with staff interviews were conducted on October 29 and 30, 2013. Observation and interviews confirmed that standardized recipes were not followed with ingredients being added (onions on roast pork), substituted (homemade soup substituted with canned soup, homemade Quiche Lorraine substituted with ready to serve frozen Quiche Lorraine), and omitted (coriander leaves omitted from the Khoya Muttar recipe). The food service manager confirmed that she was unaware of the menus substitutions and that staff are expected to follow standardized recipes available. [s. 72. (2) (d)]

3. The licensee failed to ensure that all food in the food production system are stored using methods to prevent food borne illness.

Observations of food storage on October 25, 2013 revealed that food leftovers, including minced and pureed items, in fridge #1 could not be identified and did not have a date to ensure safe handling of the food items in cold storage. An interview with the food service manager confirmed that food was not labeled with a date and with the item identified, according to the home's policy.



The kitchens only thermometer used by dietary staff to take food temperatures prior serving food was not maintained in good working order to prevent food borne illness . The home's policy states the thermometer should be calibrated. The inspector and food service manager calibrated the kitchen's only thermometer which unexpectedly read 12 degrees warmer than the actual temperature. Temperatures for cold menu items were recorded at 4 degrees Celsius for lunch on October 29, 2013. A food service staff later confirmed that actual temperatures of cold foods were not taken and that if the menu item is cold they just record 4 degrees Celsius. The food service manager confirmed that food temperatures recorded at lunch October 29, 2013 were inaccurate and that staff are expected to take food temperatures. [s. 72. (3) (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 to ensure that standardized recipes are available and followed for all menu items, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee failed to ensure that all staff participate in the implementation of the infection prevention and control program.

On October 29, 2013 a staff interview, a review of job routines and observations confirmed that at 1400h the home was not following best practices with respect to soiled and clean dish handling by one employee.

An interview with the food service manager revealed that the home has an established best practice of having two staff (one on the dirty end and one on the clean end of the dish machine) for all ware washing.

A review of the job routines for all meals revealed that at breakfast and dinner two staff members are assigned to ware washing however at lunch from 1400h to 1415h only 1 staff member is assigned. [s. 229. (4)]

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 dietary staff follow best practices with respect to soiled and clean dish handling, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities. O. Reg. 79/10, s. 75 (3).

Findings/Faits saillants :



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1. The licensee failed to ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities.

The home requires a nutrition manager on site working 50.5 hours per week, based on 97 per cent or more occupancy. A record review revealed a nutrition manager was on site working 40.0 hours per week during the period of August 19, 2013 to October 8, 2013.

An interview with the Food Service Manager confirms a short fall of 10.5 hours per week during the period of August 19, 2013 to October 8, 2013. [s. 75. (3)]

Issued on this 22nd day of November, 2013

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

A handwritten signature in cursive script that reads "Diane Blain".

