Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Original Public Report

Report Issue Date: September 27, 2024
Inspection Number: 2024-1340-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Villa Forum
Long Term Care Home and City: Villa Forum, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 4, 5, 6, 9, 10, 11, 12, 13, 16, 17, 18, 2024

The following intake(s) were inspected:

- Intake: #00125243 - Proactive Compliance Inspection (PCI).

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee has failed to ensure that the care set out in the nutritional plan of care for a resident was provided to the resident as specified in the plan.

Rationale and Summary
A resident was at high nutritional risk and required a specified consistency of fluids. During lunch meal a personal support worker (PSW) provided this resident with the wrong consistency of fluids. Inspector intervened and the consistency of fluids was changed to the correct one.

Failing to provide the correct consistency of fluids, may have posed a risk to the resident.

Sources: Observation of a lunch meal service; health care record review; interview

with PSW staff and the RD.

WRITTEN NOTIFICATION: Duty to respond

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)
Powers of Residents' Council
s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to respond to the Resident Council in writing within 10 days of receiving their concerns and recommendations.

Rationale and Summary
It was identified that the licensee had not responded in writing to the concerns brought forward at the council meetings within 10 days. The monthly meeting minutes for year 2024 were reviewed up to June 2024. Along with the meeting minutes there were concerns written on the Recommendation/concern Response Forms that were raised at several council meetings. The Recommendation/concern Response Forms included the responses; however, there was no dates of when the responses were provided to the council and there was no signature present indicating that the Resident Council had received the responses. The Administrator acknowledged that there was no response from the licensee in writing within 10 days of receiving concerns from the Resident Council.

Sources: Review of the meeting minutes from the Resident Council meetings from January 2024 to June 2024; interview with the president of Resident Council and the Administrator.

WRITTEN NOTIFICATION: Air temperature

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that temperatures for every designated cooling area in the home were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, in August 2024.

Rationale and Summary
The Director of Care (DOC) identified that the home had two designated cooling areas for each of the seven home areas in the building. The cooling areas were the dining room and the activity room which were located within each home area.
A review of the air temperature log identified that there was no documentation of air temperature measurements for every designated cooling area for several days, during different times of the day in the month of August in different home areas of the home.

By not documenting the temperature of the designated cooling areas, residents may have been at an increased risk of exposure to unsafe temperatures that could lead to heat related illnesses.

Sources: Home's Air Temperature Log; interview with the DOC.

WRITTEN NOTIFICATION: Air temperature

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (5)
Air temperature
s. 24 (5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

The licensee has failed to keep a record of air temperature measurements for at least one year.

Rationale and Summary
The inspector requested for the home's documentation of air temperature records for the year, from September 2023 to September 2024; however, the home provided records for January 2024, to September 2024. The Administrator and DOC identified that they had the air temperature records from September 2023, to December 2023; however, they were misplaced and could not be located.

Sources: Home's Air Temperature Log; interview with the DOC, and the Administrator.

WRITTEN NOTIFICATION: Menu planning

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the milk from the planned menu was offered to residents at lunch meal service on two consecutive days.

Rationale and Summary

During observations milk was not offered to residents during lunch. The spring/summer planned menu included 2 Percent (%) milk as one of the items offered and available at lunch. A dietary aide (DA) indicated that milk was only being offered to residents during breakfast and dinner times. RD confirmed that milk was part of the planned menu at each meal including lunch and should have been offered to residents.

There was a risk for a reduction in nutritive value of the meal when the planned menu items were not provided during meals.

Sources: Observations of lunch meal services; review of the spring/summer menu; interview with DA and RD.