



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
September 15, 2010	2010_171_2841_14SEP164104	Complaint – H-00443
<b>Licensee/Titulaire</b>		
Oakwood Retirement Communities Inc., 325 Max Becker Drive Suite 201 Kitchener, ON		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Village of Wentworth Heights, 1620 Upper Wentworth St. Hamilton ON. L9B 2W3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Elisa Wilson, LTC Homes Inspector, Dietary #171		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection regarding how staff responds to choking episodes and staff awareness of items allowed on a thickened fluid diet.		
During the course of the inspection, the inspector spoke with: the administrator, director of care, foodservices manager, registered staff and foodservice staff.		
During the course of the inspection, the inspector: observed lunch service on September 15, 2010. Charts were reviewed both in hard copy and in the computer. Policies on meal time responsibilities, table service, and feeding residents were requested and reviewed.		
The following Inspection Protocols were during this inspection: Dining Observation		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN		



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**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Référencement du directeur

**CO** – Compliance Order/Ordre de conformité

**WAO** – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

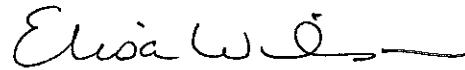
**WN #1:** The Licensee has failed to comply with O.Reg. 79/10, s.71(1)(b). Every licensee of a long-term care home shall ensure that the home's menu cycle, includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

**Findings:**

1. The Home does not have a menu indicating food restrictions for residents on a thickened fluids diet. For e.g., ice cream and jello may not be appropriate choices for these residents but there are no documented guidelines for the staff to follow regarding these and other food items.

**Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**



**Title:**

**Date:**

**Date of Report:** (if different from date(s) of inspection).