



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 31, Jun 1, 2, 3, 7, 2011; 2011_067171_0004; Follow up

Licensee/Titulaire de permis

1508669 ONTARIO LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

WEST PARK HEALTH CENTRE
103 Pelham Road, St Catharines, ON, L2S-1S9

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

ELISA WILSON (171)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, foodservices manager, registered staff, personal support workers, dietary aides, and residents.

During the course of the inspection, the inspector(s) observed meal service at lunch and dinner and afternoon snack service on May 31, 2011. The inspector reviewed plans of care for identified residents in the paper chart (the computer system was unavailable at the time of this inspection).

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observation

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



<p>Definitions</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Définitions</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care Specifically failed to comply with the following subsections:

- 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;**
 - (b) the goals the care is intended to achieve; and**
 - (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 sayants :

1. The care set out in the plan of care was not always provided to residents at the lunch and dinner meals May 31, 2011.
 - a) at the lunch meal 2 residents did not receive eating aids as per their plans of care.
 - b) at the dinner meal 2 residents did not receive eating aids as per their plans of care.
 - c) at the dinner meal 2 residents received a food item which is contrary to their prescribed diet order.
 - d) at the dinner meal a resident received a food item which is contrary to the prescribed diet order.
 - e) at the lunch meal a resident received a pureed dessert and at dinner a minced dessert, however the diet order is for a regular texture. Regular texture desserts were available at both meals.
2. The plan of care does not provide clear direction to staff regarding bathing preferences and requirements for eating aids.
 - a) The care plan summary for Bathing for Resident #7, reviewed on June 1, 2011 and dated March 14, 2011, indicates a preference for showers, however the Daily Flow Sheet indicates a preference for tub baths. Staff confirm the resident prefers having baths and has been receiving baths.
 - b) The care plan summary for Bathing for Resident #8, reviewed on June 1, 2011 and dated April 15, 2011 indicates a preference for showers, however the Daily Flow Sheet shows no preference and indicates 6 tub baths and 1 shower were given. Staff confirm the resident prefers having baths.
 - c) The care plan summary for Nutrition and Eating for Resident #4 reviewed on June 1, 2011 and dated May 2, 2011 does not indicate a requirement for eating aids, however a progress note dated May 20, 2011 indicates a specific eating aid is required. The dining serving report in the binder in the servery did not indicate an eating aid when reviewed on June 1, 2011, however the new dining serving report printed on May 31, 2011 did indicate an eating aid was required for all three meals. The resident did not receive this eating aid at lunch or dinner on May 31, 2011.
 - d) The care plan summary for Resident #5 reviewed on June 1, 2011 and dated March 15, 2011 indicates a requirement for two different eating aids. The dining serving report in the servery indicate a requirement for one of the eating aids. The resident did not get either eating aids at lunch on May 31, 2011.



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Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
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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 the written plan of care provides clear direction to staff who provide care to the residents, to be implemented voluntarily.

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

WN #2: 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 sayants :

Weight changes have not been assessed following a change of 5 per cent of body weight or more over one month.

1. Resident #1 had a weight decrease of 6% in one month. There have been no documented assessments regarding this resident's weight loss as noted in a chart review on June 1, 2011
2. Resident #2 had a weight decrease of 5% in one month. There have been no documented assessments regarding this resident's weight loss as noted in a chart review on June 1, 2011.
3. Resident #3 had a weight decrease of 6.8% in one month. The last documented nutrition assessment noted the resident's weight was stable. There have been no documented assessments regarding this resident's weight loss.

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

- 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).

Findings/Faits sayants :



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1. Identified residents did not receive eating aids required to eat as comfortably and independently as possible. Resident #4 did not receive an eating aid at lunch or dinner on May 31, 2011 as noted in the plan of care. Resident #5 did not receive eating aids at lunch on May 31, 2011 as noted in the plan of care. Resident #6 did not receive an eating aid at dinner on May 31, 2011 as noted in the plan of care.

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 all residents who require eating aids are provided with these aids at every meal, to be implemented voluntarily.

Issued on this 7th day of June, 2011

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

A handwritten signature in cursive script that reads "Elisa Wilson".



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

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

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 System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	ELISA WILSON (171)
Inspection No. / No de l'inspection :	2011_067171_0004
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	May 31, Jun 1, 2, 3, 7, 2011
Licensee / Titulaire de permis :	1508669 ONTARIO LIMITED c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1
LTC Home / Foyer de SLD :	WEST PARK HEALTH CENTRE 103 Pelham Road, St Catharines, ON, L2S-1S9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	MARJORIE MOSSMAN

To 1508669 ONTARIO LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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

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 # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee shall ensure that staff provide the care that is set out in the plan of care related to therapeutic diets, texture-modified diets and eating aids.

- 1) The licensee shall ensure staff who plate and serve food are re-educated to refer to and use the documents available in the servery and dining room regarding resident food preferences, restrictions and eating aids required by residents at all meals, for all courses and for all residents. The documents include the Therapeutic Menu and the Dining Serving Report.
- 2) The licensee shall complete dining room audits for breakfast, lunch and dinner to track results at a frequency determined by the licensee.
- 3) The licensee will follow-up on the audits and will evaluate results in order to determine further action to ensure compliance.

Grounds / Motifs :

1. The care set out in the plan of care was not always provided to residents at the lunch and dinner meals May 31, 2011.
 - a) at the lunch meal 2 residents did not receive eating aids as per their plans of care.
 - b) at the dinner meal 2 residents did not receive eating aids as per their plans of care.
 - c) at the dinner meal 2 residents received a food item which is contrary to their prescribed diet order.
 - d) at the dinner meal a resident received a dessert which is contrary to the prescribed diet order.
 - e) at the lunch meal a resident received a pureed dessert and at dinner a minced dessert, however the diet order is for a regular texture. Regular texture desserts were available at both meals. (171)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 24, 2011



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

**Ministère de la Santé et
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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

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. 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.

Order / Ordre :

The licensee shall ensure that the three identified residents, and any who experience a weight change as defined in O.Reg. 79/10, s.69 are assessed using an interdisciplinary approach. The licensee shall ensure that the assessments are documented in the plan of care at the time the assessment is made. The licensee shall ensure a process is in place to identify residents with a significant weight change on a monthly basis that includes documentation expectations, and that this process is implemented.

Grounds / Motifs :

1. Weight changes have not been assessed following a change of 5 per cent of body weight or more over one month. Resident #3 had a weight decrease of 6.8% in one month. The last documented nutrition assessment noted the resident's weight was stable. There have been no documented assessments regarding this resident's weight loss. (171)
2. Weight changes have not been assessed following a change of 5 per cent of body weight or more over one month. Resident #2 had a weight decrease of 5% in one month. There have been no documented assessments regarding this resident's weight loss as noted in a chart review on June 1, 2011. (171)
3. Weight changes have not been assessed following a change of 5 per cent of body weight or more over one month. Resident #1 had a weight decrease of 6% in one month. There have been no documented assessments regarding this resident's weight loss as noted in a chart review on June 1, 2011 (171)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 24, 2011



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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
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de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

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 or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.

Issued on this 7th day of June, 2011

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

ELISA WILSON

Service Area Office /

Bureau régional de services : Hamilton Service Area Office