

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: March 28, 2024	
Inspection Number: 2024-1411-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: St. Peter's Care Centres	
Long Term Care Home and City: St. Peter's Residence at Chedoke, Hamilton	
Lead Inspector Carla Meyer (740860)	Inspector Digital Signature
Additional Inspector(s) Erin Denton-O'Neill (740861)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): March 7, 8, 12-15, and 18, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00110371 - Proactive Compliance Inspection (PCI).

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Medication Management
- Pain Management

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Prevention of Abuse and Neglect
Quality Improvement
Residents' and Family Councils
Resident Care and Support Services
Residents' Rights and Choices
Safe and Secure Home
Skin and Wound Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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 failed to ensure that two resident's plan of care was complied with.

Rationale and Summary

Two identified resident's care plan and other clinical records revealed that they both had specific preferences for assistive aids during meals.

On an identified date in March 2024, a lunch meal observation in one of the home's dining rooms was conducted. It was observed that both residents were not provided

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meal assistance using assistive aids as documented in their care plans which was acknowledged by a staff member.

The Nutrition Manager (NM) acknowledged that care plans were updated by the Registered Dietitian (RD) related to dietary concerns, and if there were any changes required, the staff would need to send a referral. The Director of Care (DOC) also acknowledged that the staff did not follow the residents' plan of care.

On March 14, 2024, the DOC notified the inspector that the care plan for both resident was reviewed and updated to reflect their current status and preferences which was verified by the inspector.

Sources: Residents clinical records, observations on March 7, 2024, interview with staff, the NM, DOC, and RD. **[740860]**

Date Remedy Implemented: March 14, 2024

WRITTEN NOTIFICATION: Dining and snack service

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (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. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure that the procedure for measuring and documenting food temperatures at point of service were followed.

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In accordance with Ontario Regulations (O.Reg.) 246/22, s. 11 (1) (b), where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy or procedure, the licensee is required to ensure that the policy or procedure is complied with.

Rationale and Summary

A review of one of the home's dining room's food temperature logs for an identified week in March 2024 showed that there were no food temperatures recorded for one of the dinner meals. Also, several forms which temperatures were to be documented on had missing entries for unspecified dates as all the forms were not dated.

A staff member acknowledged that food temperatures were to be measured prior to serving meals, and documented on the form which was to be submitted to the NM. The NM acknowledged that due to missing documentation on the forms, it could not be verified that the temperatures were in fact measured prior to meal service. They also acknowledged that the forms were not dated, and that procedures for measuring and documenting food temperatures were not followed.

As per the home's policy and procedure titled "Temperature Checks of Food," last revised December 13, 2022 stated that a temperature check form shall be completed at point of service at each meal by the Food Service Assistant (FSA) for all diet types; and FSA must take and record food temperatures of each menu item to ensure that foods are served at acceptable temperatures.

By not following the home's policy and procedure for measuring and documenting food temperatures for every meal, it was uncertain whether the temperature of the food was measured which placed residents at risk of being served foods that were not both safe and palatable.

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Sources: Interview with staff and the Nutritional Manager; observations; and review of Food Temperature logs and the home's policy titled "Temperature Checks of Food," last revised December 13, 2022. **[740860]**