



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
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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**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 15, 2013	2013_122156_0025	H-000266- 13	Follow up

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

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

CAROL POLCZ (156)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 17, 18, 19, 2013

This inspection is a follow-up to RQI H-000153-13

During the course of the inspection, the inspector(s) spoke with Administrator, Food Services Manager, Dietary Aides, cooks, personal support workers, registered staff and residents.

During the course of the inspection, the inspector(s) observed meal service, obtained food temperatures, reviewed Resident Food Committee minutes, therapeutic menus, recipes, and the food production system.

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	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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.)

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: 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, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3). (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 the food production system, at minimum provided for c) standardized recipes and production sheets for all menus.

i) Production sheets were not always found to be standardized with recipes and/or menus. For example, the recipe for puree fish indicated that unbreaded fish was to be used. The cook confirmed that the home used unbreaded fish for puree fish, however, the production sheet indicated "puree fish sticks".

ii) Recipes were not standardized to provide clear direction to guide staff in food preparation. Recipes for puree textured soup indicated "add thickener if required", however, no quantities of thickener were indicated for each type of soup, nor did the recipe indicate to what consistency the soup would be thickened to (nectar, honey, pudding).

iii) The home did not track food shortages to help guide food production at the time of the inspection. On Wednesday September 28, 2013, the home ran short of fish sticks on second floor. The dietary aide was overheard stating that there wasn't any left in the building; however, after intervention from the inspector, the home was able to obtain more from another floor.

Resident Food Committee minutes for August, 2013 indicated that the home ran short of several food items.

iv) Recipes were not always available to guide staff. On September 17 and 18, 2013, the therapeutic menu for Week 3 Tuesday and Wednesday indicated that residents on a minced textured diet could have regular textured potato salad and regular textured coleslaw, however, as confirmed with the cook, the home prepared minced potato salad and minced coleslaw although there was no recipe to follow.

On September 18, 2013, the menu for Week 3 Wednesday, the menu indicated iced cupcakes for dessert. As confirmed by the cook, the home did not have a recipe to follow for regular or puree texture. A recipe was printed and provided to the inspector the following day. [s. 72. (2) (c)]

2. The licensee failed to ensure that the food production system, at minimum provided for preparation of all menu items according to the planned menu.

i) Portion sizes indicated on the therapeutic menus were not always followed.

On September 17, 2013, the therapeutic menu indicated that the portion size for waffles and oatmeal cookies was two each; however, the home used one for the portion size for these items. The menu indicated that two slices of whole wheat bread were to be provided, however, a whole wheat bun was provided instead. The menu also indicated that puree bread was to be provided, however, this was not available. During the observed lunch meal in the first floor dining room, the therapeutic menu



indicated that a #10 scoop was to be used for minced strawberries, however, a #8 scoop was used; a #12 scoop was to be used for potato salad, however, a #10 scoop was used instead and a #10 scoop was indicated for minced zucchini, however, a #12 scoop was used instead.

On second floor, it was noted that the portion size for diabetics was half cupcake, however, three diabetic residents were observed being provided with a whole cupcake even after the staff clarified the correct portion size.

On September 19, 2013, during the observed lunch meal in the fourth floor dining room, the therapeutic menu indicated that the portion size for sour cream was a one ounce portion and a tablespoon of bacon bits however, a #16 scoop (two ounces) was observed being used for these items instead. The menu indicated the portion size for minced/puree beef barley soup to be six ounces, however, a #10 scoop (three ounce) was used instead. The menu also indicated that the portion size for cookies for dessert was two each, however, only one was provided.

ii) Recipes were not found to be followed according to the planned menu.

Recipes for puree soup indicated to add crackers, however, the cook indicated that the home does not add crackers to puree textured soup. [s. 72. (2) (d)]

3. Previously identified as a VPC January 6, 2013 and Compliance Order on May 8, 2013.

72 (3)(a) The licensee failed to ensure that all food and fluids in the food production system are prepared, stored and served using methods to a) preserve taste, nutritive value, appearance and food quality.

i) Recipes were not followed which compromised food quality and nutritive value of foods. On September 17, 2013, the menu for Week 3 Tuesday lunch indicated minced and puree zucchini, however, as confirmed by the cook, the recipe was not followed and the resulting product was found to be very watery which may present to be a safety risk for those on a texture modified diet.

ii) On September 18, 2013, the menu for Week 3 Wednesday lunch indicated cream of Mushroom soup was to be prepared; a recipe was available, however, as confirmed by the cook, the home used canned soup instead. Also on this day, the menu indicated puree textured ham sandwich; the recipe indicated that milk was to be used; however, as confirmed by the cook, water was used instead.

72 (3)(b) The licensee failed to ensure that all food and fluids in the food production system are prepared, stored and served using methods to b) prevent adulteration,



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contamination and food borne illness.

Methods were not always used to prevent contamination and food borne illness. It was noted that on two different dates of the inspection and on two different home areas, dietary aides confirmed that they did not have alcohol swabs or other solution to sanitize food thermometers when taking food temperatures; both staff indicated that they rinsed the thermometer in water.

Food temperatures were not always found to be in the safe temperature zone (cold foods below 40 degrees Fahrenheit (F) and hot foods above 140 degrees F).

Between 40-140 degrees F is known as the 'danger zone' where bacteria can grow and multiply quickly.

On Wednesday September 18, 2013, during the lunch meal service, on second floor, the ham sandwich was probed at 59 degrees F.

On Thursday September 19, 2013, during the middle of meal service on the fourth floor, perogies were probed at 132 degrees F, mashed potatoes at 129 degrees F, minced broccoli at 122 degrees F, puree broccoli at 110 degrees F, puree soup at 133 degrees F. Food temperature sheets found in the dining room serveries were not always found to be completed. [s. 72. (3)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 4th day of November, 2013

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

Carol Polocz, RD.



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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

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) : CAROL POLCZ (156)

Inspection No. /

No de l'inspection : 2013_122156_0025

Log No. /

Registre no: H-000266-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 15, 2013

Licensee /

Titulaire de permis : THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

LTC Home /

Foyer de SLD : ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur : DORCAS HAIZEL

To THE THOMAS HEALTH CARE CORPORATION, you are hereby required to
comply with the following order(s) by the date(s) set out below:



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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
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Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum, provide for,

- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
- (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
- (c) standardized recipes and production sheets for all menus;
- (d) preparation of all menu items according to the planned menu;
- (e) menu substitutions that are comparable to the planned menu;
- (f) communication to residents and staff of any menu substitutions; and
- (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the food production system provides standardized recipes and production sheets for all menus and preparation of all menu items are completed according to the planned menu. The plan shall include a) how the home will ensure recipes and production sheets are standardized b) how the home will ensure menu items are prepared according to the menu including following recipes and portion sizes c) staff education to be completed and dates of the education d) quality management activities (including the type of activities and frequency) that will be implemented to target the specific area of non-compliance. The plan is to be submitted electronically to Long Term Care Homes Inspector Carol.Polcz@ontario.ca by October 18, 2013.

Grounds / Motifs :



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Pursuant to section 153 and/or
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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

1. The home did not have standardized recipes and production sheets for all menus.
(156)

2. Portion sizes indicated on the therapeutic menus were not always followed.
(156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 02, 2013



Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
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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) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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,
(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all food and fluids in the food production system, are prepared, stored, and served using methods to, preserve taste, nutritive value, appearance and food quality and prevent adulteration, contamination and food borne illness. The plan shall include a) how the home will ensure recipes are available and followed b) process for the prevention of contamination and food borne illness c) staff education to be completed and dates of the education d) quality management activities (including the type of activities and frequency) that will be implemented to target the specific area of non-compliance. The plan is to be submitted electronically to Long Term Care Homes Inspector Carol.Polcz@ontario.ca by October 18, 2013

Grounds / Motifs :



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Ordre(s) de l'inspecteur
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de soins de longue durée*, L.O. 2007, chap. 8

1. Previously identified as a VPC January 6, 2013 and Compliance Order on May 8, 2013.

The home did not ensure that recipes were followed to ensure food quality and nutritive value. The home did not ensure that safe food handling methods were used to prevent contamination and food borne illness with respect to sanitizing food thermometers and ensuring food was kept at safe temperatures.

(156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 02, 2013



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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

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 Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 15th day of October, 2013

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : CAROL POLCZ

Service Area Office /
Bureau régional de services : Hamilton Service Area Office