



**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

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

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Date(s) of inspection/Date de l'inspection December 3, 7,8,9, 2010	Inspection No/ d'inspection 2010_110_2941_03Dec104637	Type of Inspection/Genre d'inspection Follow-up (#0135)
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Licensee/Titulaire
Hellenic Home of the Aged Inc.- 33 Winona Drive, Toronto, ON, M6G 3Z7

Long-Term Care Home/Foyer de soins de longue durée
Hellenic Home-Scarborough -- 2411 Lawrence Avenue West, Scarborough, ON M1P 4X1

Name of Inspector(s)/Nom de l'inspecteur(s)
Diane Brown #110

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection.

During the course of the inspection, the inspector(s) spoke with: administrator, RAI-MDS coordinator, personal support workers, dietary aide, residents, food service manager, registered dietitian, registered nurses

During the course of the inspection, the inspector(s): observed lunch meals; reviewed homes policies and procedures, menu, resident council meeting minutes; resident food committee minutes; residents plan of care.

The following Inspection Protocols were used in part or in whole during this inspection: Nutrition and Hydration; Dining Observation and Food Quality

Findings of Non-Compliance were found during this inspection. The following action was taken:

8 WN
8 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: 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 constituer 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 *Long-Term Care Homes Act, 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).

Findings:

- An identified resident's plan of care requires nutritional interventions which include protein powder in 125 ml of homo milk at lunch and nectar thick consistency fluids. At lunch December 7th, 2010 the identified resident was served regular consistency fluids (apple juice, water and milk) and milk without protein powder.
- An identified resident's plan of care states to provide homo milk and extra REGULAR water at meals which were not provided to this resident at lunch on December 7th, 2010.
- An identified resident did not receive a banana or ice-cream at lunch, December 7th, 2010 as his plan of care requires.

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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 requiring that care set out in the plan of care is provided to the resident, to be implemented voluntarily.

Inspector ID #:

**WN #2: The Licensee has failed to comply with O. Reg. 79/10 73. (1) 10. 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:
Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**



Findings:

- An identified resident was observed being fed in bed at lunch on December 7th, 2010 in a 75 degree position which does not support safe feeding techniques. Resident's plan of care identifies resident at high nutritional risk related to swallowing difficulties and requires her to be positioned at a 90 degree angle during eating.

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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 in that training must be provided to staff on appropriate and safe positioning of residents while assisting residents in bed with eating, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.11 (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11 (2).

Findings:

- An identified resident's plan of care related to his nutritional status directs his family to bring in "ensure", a nutritional supplement for this residents daily consumption. The licensee shall ensure that residents are provided with food and fluids that are adequate in quantity.

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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 require to licensee to provide for the nutritional needs of the residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s. 6. (1)(c) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:

1. The plan of care does not set out clear directions for the staff and others providing direct care to an identified resident as the following inconsistencies around the provision of fluids were identified:

- Diet list information for serving staff states "provide extra REGULAR water at meals."
- Progress Notes as of July 20th, 2010 state change fluid consistency to nectar from regular consistency.



- Personal support worker plan of care states provide nectar consistency fluids;
- Current physician order states honey thick fluid consistency.
- The identified resident received only nectar thick water at lunch December 7th, 2010

2. An identified resident at moderate nutritional risk related to cancer and history of significant weight loss has a plan of care which states that staff are to "make sure that the resident consumes one bottle of Ensure everyday" "Ensure is provided by Family" . Clear direction related to monitoring this residents' "Ensure" consumption has not been provided to staff.

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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 residents plan of care provides clear direction to staff and others who provide direct care to the residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings:

- Staff interviewed shared knowledge of an identified resident's known food/fluid preferences and dislikes (likes bread and maple syrup for every breakfast; dislikes eggs; dislikes milk and juice; prefers mainly thickened water to drink) which have not been assessed or set out in the plan of care. Resident has experienced unplanned weight loss and dietary interventions prescribed include homogenized milk. Milk was reported by direct care staff as a resident dislike and observed not being served to resident at lunch December 7th, 2010 as planned. Alternatives to eggs at breakfast and milk have not been assessed or considered as part of his plan of care.

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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 that care set out in the plan of care must be based on an assessment of the resident and the needs and preferences of that resident, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and



(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings:

- An identified resident has been recognized by the home to be at high nutritional risk related in part to potential for weight loss and prone to UTI's
- There is no collaboration among staff and others involved in the different aspects of this identified residents care. Staff who provide direct care to the identified resident are aware of his preferred routine breakfast requests and his strong food and fluid dislikes which have not been assessed or integrated into his nutritional plan of care. Resident's nutritional plan of care includes providing fluids that are were not provided by resident as known to front-line staff as dislikes.

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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 that staff collaborate with each other so that their assessments and plan of care are integrated and consistent with and complement each other.

WN #7: The Licensee has failed to comply with O. Reg. 79/10 s.26(4). The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

- completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and**
- assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

Findings:

- The plan of care for an identified resident did not identify risks related to his hydration or nutrition care. The initial nutritional assessment for the identified resident completed by the RD on December 8th, 2010 noted the resident requires 2700mls of fluid per day and has energy needs of 2700-3240kcal per day. This identified residents' plan of care goal is to "maintain current weight" and "meet nutritional needs." The registered dietitian was interviewed and stated the home's menu provides 2000mls fluid per day and approximately 2500 kilocalories daily. The identified residents' plan of care does not address additional food and fluid requirements to achieve the identified goals.
- An identified residents fluid needs were not reassessed related to her recent urinary tract infection requiring treatment of November 12th, 2010



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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 home's registered dietitian completed a nutritional assessment identifying any risks to nutritional care and hydration for all residents on admission and whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O. Reg. 79/10 s 68. (2) (b) Every licensee of a long-term care home shall ensure that the programs include, (b) the identification of any risks related to nutrition care and dietary services and hydration;

Findings:

- An identified residents' admission nutritional review of September 25th, 2009 stated the resident has a "food allergy to seafood (fish, shrimp, crab etc)". The identified residents' medication administration record confirmed a seafood allergy. Residents' plan of care including diet list and personal support worker care plan does not identify a food allergy. Staff involved in serving the identified resident lunch on December 7th, 2010, were not aware when interviewed of the identified residents seafood allergy.

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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 require that the homes program identify any risks related to nutrition care and dietary services and hydration; to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.32			January 12 th , 2010	

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).	



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le *Loi de 2007 les
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