



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

**Rapport d'inspection
prévues 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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Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 29, 30, October 1, 2010	2010_159_9618_28Sep164450	Dietary Follow-Up H-01546
Licensee/Titulaire The Regional Municipality of Peel 10 Peel Centre Drive, Brampton ON, L6T 4B9		
Long-Term Care Home/Foyer de soins de longue durée Malton Village Long Term Care Centre 7075 Rexwood Road Mississauga ON L4T 4M1		
Name of Inspector(s)/Nom de l'inspecteur(s) Asha Sehgal # 159		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a dietary follow- up inspection in respect of the following previously identified non-compliance:

B2.4 March 29, 2010 Nutritional F/U
 B3.24 March 29, 2010 Nutritional F/U
 B5.3 March 29, 2010 Nutritional F/U
 P1.14 March 29, 2010 Nutritional F/U
 P1.4 March 29, 2010 Nutritional Complaint
 P1.23 March 29, 2010 Nutritional Complaint

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, RAI Coordinator, Dietitian, Facility Service Supervisor, Cooks, Dietary Aides, Nursing Staff, Residents, Family members.

During the course of the inspection, the inspector: Toured the kitchen, Reviewed food production (menus and recipes), Observed meal service, Reviewed health record.

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

Nutrition and Hydration
 Dining Observation
 Food Quality

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

[7] WN
 [6] 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 LTCHA, 2007, c. 8, 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, (c) clear directions to staff and others who provide direct care to the resident.**

Findings:

The plan of care for an identified resident provides conflicting information related to resident's need for assistance with eating. The Nutrition assessment summary completed by dietitian September 23, 2010 indicates resident is receiving restorative feeding assistance, however, the plan of care indicates to provide resident intermitten encouragement with feeding. Observation during the meal service and discussion with the nursing staff verified that staff were not aware of this resident was receiving restorative feeding assistance. There were no clear directions found in the plan of care to indicate resident's need for assistance with eating.

Inspector ID #: 159

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007, c.8, s.152 (2)* the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring 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 to be implemented voluntarily.

WN # 2: The Licensee has failed to comply with LTCHA, 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, (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.

Findings:

1. The plan of care for identified resident was not updated to reflect resident assessment protocol (Nutritional status) summary completed by the dietitian September 23, 2010. The nutrition assessment summary completed September 23, 2010 had identified resident "leaves 25% or more of food uneaten at most meals due to poor intake needs assistance with feeding her self, restorative feeding has been initiated to get more intake in for resident". At the observed lunch meal September 29, 30, 2010, the resident was not provided restorative feeding. September 30, 2010, Registered Nurse was interviewed who confirmed that there was no restorative feeding program on the unit. The restorative feeding program for identified resident was not developed and implemented. Interview with staff confirmed that nursing and activation staff involved in care of the resident had not been communicated regarding restorative feeding program.
2. Discrepancies were noted in the documentation related to bowel elimination alteration and intervention for constipation for an identified resident. The dietitian and 2 different nurses had revised the plan of care September 17, 2010. The dietitian had documented in the plan of care resident on Gastrostomy tube and receiving formula Isosource HN with fiber and 1700 ml fluid a day. The nursing component of the plan of care revised September 17, 2010, had interventions for constipation to provide resident high fiber foods, fruit lax and increase fluid intake .This resident was identified on Gastrostomy Tube and not able to take any solid food orally. There was no co-ordination of assessment and care planning leading to discrepancies in documented interventions for constipation.

Inspector ID #: 159

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007, c.8, s.152 (2)* the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that the staff and others involved in the different aspects of care of the resident collaborate with each other, 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 to be implemented voluntarily.

WN # 3: The Licensee has failed to comply with LTCHA, 2007, c. 8, s. 6 (11)

When a resident is reassessed and the plan of care reviewed and revised, (b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:

The nutritional plan of care for an identified resident was not reviewed and revised when the care set out in the plan of care was not effective. Nutrition interventions for the treatment of constipation were not evaluated for effectiveness at the September 23, 2010 nutrition quarterly assessment and were not revised when ineffective. The resident has experienced ongoing constipation without revision to or an evaluation of the dietary interventions.

Inspector ID #: 159

Additional Required Actions:

VPC -pursuant to the *Long-Term Care Homes Act, 2007, c.8, s.152 (2)* the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that When a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care to be implemented voluntarily.

WN # 4: 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, (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

Findings:

A review of health record indicates the dietitian completed identified resident admission assessment April 21, 2010. The nutrition risk screen tool used by the dietitian had identified resident at moderate risk due to chewing and swallowing difficulties. The MDS assessment completed March 21, 2010, under the K section oral problem was not checked off chewing and swallowing problem. The dietitian had recommended diabetic pureed diet but there was no evidence noted in health record that the resident had received a comprehensive nutrition assessment (including for swallowing and chewing difficulties) as of September 29, 2010.

Inspector ID #: 159

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007, c.8, s.152 (2)* the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring 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, to be implemented voluntarily.

WN # 5: The Licensee has failed to comply with 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: (2) A change of 7.5 per cent of body weight, or more, over three months.

Findings: A review of an identified resident's health record verified that the resident had abnormal weight loss 7.5% over three months, resident has not had an assessment completed by dietitian using an interdisciplinary approach with action taken and outcomes evaluated.	
Inspector ID #:	159
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007, c.8, s.152 (2)</i> the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: A change of 7.5 per cent of body weight, or more, over three months, to be implemented voluntarily.	
WN # 6: The Licensee has failed to comply with O.Reg. 79/10, s. 72)2) (f) (2) The food production system must, at a minimum provide for, (f) Communication to residents and staff of any menu substitutions.	
Findings: <ol style="list-style-type: none"> September 29, 2010 in Mckechnie dining room residents on minced diet were served ice cream instead of minced tropical fruit salad. Interviewed with the dietary staff serving meals on the unit dining room confirmed that the cook did not follow the planned menu. Residents were not informed of the menu substitution. There was not sufficient quantity of menu items prepared for the lunch meal September 29, 2010. Eight residents were served rice and mixed vegetable instead of potato salad and coleslaw. Dietary staff interviewed confirmed that the menu substitutions were made because there were not sufficient servings of food sent from the kitchen. Residents were not informed of the menu substitutions. 	
Inspector ID #:	159
WN # 7: The Licensee has failed to comply with O.Reg. 79/1, 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: (6) Food and fluids being served at a temperature that is both safe and palatable to the residents.	
Findings: September 29th 2010 on the third floor Yorkshire and Mckechnie dining room hot food served to the residents was not palatable. The hot food temperatures tested were noted: minced fish 98 degree Fahrenheit, minced mixed vegetables 119 degree Fahrenheit, minced vegetarian stew 112 degree Fahrenheit During the observation of meal service, a resident (Mckechnie Dining room) was interviewed who voiced several concerns regarding food quality and the hot food temperatures.	
Inspector ID #:	159
Additional Required Action: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007, c.8, s.152 (2)</i> the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that the home has a dining and snack service that includes, at a minimum, the following elements: Food and fluids being served at a temperature that is both safe and palatable to the residents, to be implemented voluntarily.	



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S. O. 2007 c.8, s. 84 Previously issued P1.14			March 29, 2010	159
O.Reg. 79/10, 71 (2) Previously P1.4			March 29, 2010	159

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). Feb 18 th 2011	