

Inspection Report Under the Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105 Waterloo, ON, N2V 1K8 Telephone: (888) 432-7901

	Original Public Report
Report Issue Date: May 30, 2023	
Inspection Number: 2023-1426-0004	
Inspection Type:	
Complaint	
Follow up	
Critical Incident System	
Licensee: Holland Christian Homes Inc.	
Long Term Care Home and City: Grace Manor, Brampton	
Lead Inspector	Inspector Digital Signature
Janis Shkilnyk (706119)	
Additional Inspector(s)	
Kailee Bercowski (000734)	
Brittany Nielsen (705769)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 17, 18, 19, 23, 24, 25, 26, 2023

The following intake(s) were inspected:

- Intake: #00016018 Follow-up #: 1 FLTCA, 2021 s. 90 (1) (b)
- Intake: #00084258 complaint related to concerns with resident plan of care
- Intake: #00084981 fall of a resident with injury
- Intake: #00086384 allegation of staff to resident abuse
- Intake: #00087255 fall of a resident with injury

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order ##001 from Inspection #2022-1426-0002 related to FLTCA, 2021, s. 90 (1) (b) was complied.



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

Resident Care and Support Services
Continence Care
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dining and snack service

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

The licensee has failed to ensure that the home used safe feeding techniques to assist residents with drinking fluids.

Rationale and Summary

The home's policy, Meal Service, policy # DIET 04-06, revised January 2023, stated that if a resident required assistance with feeding staff were to sit beside the resident. Mandatory safe feeding techniques education provided to staff by the home stated staff were to sit at eye level with the resident.

Staff were observed standing while assisting residents with drinking their fluids from nourishment carts.

The Director of Resident Care (DRC) stated the expectation is that staff sit to feed residents food and fluids.

By failing to ensure safe feeding practices were used when assisting residents with fluids, there was a risk of residents choking.

Sources:



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Resident observations, interviews with staff, Meal Service policy #DIET 04-06, revised, January 2023, the home's 2022 mandatory training, onboard training.

[706119]



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