



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

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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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 16, 2014	2014_190159_0019	H-000796-13	Follow up

Licensee/Titulaire de permis

1245556 ONTARIO INC.
200 Ronson Drive, Suite 305, TORONTO, ON, M9W-5Z9

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

BURTON MANOR
5 Sterritt Drive, BRAMPTON, ON, L6Y-5P3

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): July 3, 10, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, Registered Dietitian, Registered and front line nursing staff, dietary staff and residents.

During the course of the inspection, the inspector(s) reviewed the clinical health records of identified residents, reviewed relevant policies and procedures, observed the meal service in two home areas.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**



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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).



Findings/Faits saillants :

1. The plan of care for resident # 1 was not reviewed and revised when their care needs changed related to nutritional care. 6 (10)(b)

A review of multidisciplinary progress notes identified the home's Registered Dietitian (RD) had completed the dietary review for resident #1 July 2014. The RD reassessed the Goal weight Range (GWR) and lowered the value from the established GWR. However, the plan of care was not revised to reflect the change in resident's nutritional status.

On July 10, 2014 a review of the weight record for resident #1 indicated the resident had a significant gradual weight loss of 10% over six months from February to July 2014. The nutrition notes documented in the progress notes by the RD July 2014 stated current weight had decreased over 3 months and the resident has low Basal Metabolic Index(BMI). However, the plan of care was not revised in relation to unplanned weight loss nor the interventions were evaluated; and different approaches were not taken in the revision of the plan to address identified concerns related to low BMI and resident's weight below the GWR. Interviews with the RD and the Director of Care confirmed the plan of care was not updated to reflect the nutritional status of resident. [s.6.(10) (b)]

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 that each resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**
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Findings/Faits saillants :

1. The licensee had not ensured that the home's policy 06-05 dated October 2013, Dietary Nutrition Monitoring was complied with by staff. The policy stated all residents' will have their dietary intake monitored to ensure their nutritional requirement met. A review of Point Of Care food and fluid intake records for 2013 and June 2014 identified resident #1 did not have intake consistently recorded by staff. The PCAs had not recorded resident's afternoon and the evening nourishment snacks intake since February 2013 to indicate the nourishment snacks had been offered and consumed by the resident. Interviews with the Assistant Director of Care and the Director of Care confirmed the POC food and fluid intake monitoring records were incomplete.

The licensee had not ensured that the home's Hydration policy 06-06 dated October 2013 was complied with by staff. The policy stated Nursing and Life Enrichment must record accurately fluid intake in Point Of Care (POC) after each meal, snack and medication pass and activity ensuring this is completed before the next meal, snack, medication pass and activity.

On July 10, 2014 the POC food and fluid intake monitoring record review indicated resident #1's fluid intake was not recorded consistently for the month of May and June 2014. Fourteen entries were missing for a period of 2 months.

In consistent and inaccurate documentation of residents' fluid and food intake poses a risk to the resident related to weight change and hydration. [s. 8. (1) (a),s. 8. (1) (b)]



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 that the plan, policy, protocol, procedures, strategy or system is complied with. O.Reg.79/10, s.8(1), to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

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:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee had not ensured proper techniques were used to assist residents with eating including safe positioning of resident.

At the lunch meal July 3, 2014 in Sunny Orchard dining room the staff person (PSW) assisting resident #6 with eating was observed scraping the resident's mouth quite aggressively with a spoon to remove food debris as opposed to using a napkin.

The lunch meal on July 3, 2014 was observed in Sunny Orchard dining room. The staff personal (PCA) assisting resident #6 with eating was mixing food (entrée and vegetable) and feeding the resident. The plan of care did not specify that resident or SDM had requested mixing of the food.

On July 3, 2014 staff was observed assisting resident # 6 with eating who was not properly positioned to provide eye contact. Staff seating beside the resident was not conducive to social interaction and safe for the resident to swallow. Interviewed registered staff confirmed the resident was not properly positioned to provide safe feeding. [s. 73. (1) 10.]



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 that the home has a dining and snack service that includes, at a minimum the following element: Proper techniques to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 26. (4)	CO #001	2013_190159_0022	159

Issued on this 17th day of July, 2014

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