Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 28, 2021	2021_790730_0032	010402-21	Complaint

Licensee/Titulaire de permis

United Mennonite Home for the Aged
4024 Twenty-Third Street Vineland ON L0R 2C0

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

United Mennonite Home
4024 Twenty-Third Street Vineland ON L0R 2C0

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

CHRISTINA LEGOUFFE (730)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 15, 16, 21, 22, 23, 24, 2021 (onsite) and September 20, 2021 (offsite).

The following Complaint intake was completed within this inspection:

Log # 010402-21 related to nutrition and hydration, continence care, resident's rights, whistle blower's protection, consent, and bathing.

An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.

A cooling and air temperature inspection was also completed as part of this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Environmental Services Manager (ESM), the Registered Dietitian (RD), the Nutrition Manager (NM), a Housekeeper, Dietary Aides (DAs), a Screener, a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The inspector also observed resident rooms and common areas, observed meal service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, and reviewed policies and procedures of the home.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

2 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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/Faits saillants :

1. The licensee has failed to ensure that a resident's plan of care related to nutrition care was provided to the resident as specified in the plan.

A resident's plan of care indicated that they were not to receive a specified beverage. Progress notes indicated that the resident had been provided with a glass of the beverage by a Personal Support Worker (PSW) for their morning nourishment.

The Director of Care (DOC) said that the resident should not have been served the beverage, as that was contrary to their plan of care.

There was minimal risk of harm to the resident as a result of being served the beverage.

Sources: Resident clinical records; and interviews with the Director of Care (DOC) and other staff. [s. 6. (7)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident’s hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was bathed at minimum twice per week.

A resident was to be bathed twice per week. A Personal Support Worker (PSW) said that bathing was documented on the Point of Care (POC) application and that if bathing was not completed it would either be marked as not applicable or there would be no documentation.

A review of the POC documentation for the resident indicated that the resident had not been bathed twice per week.

The Director of Care (DOC) said that as per the POC documentation for the resident, the bathing care documented did not meet the expectations of the home.

There was a minimal risk of harm to the resident as a result of the resident not being bathed twice per week.

Sources: Resident clinical record, the home’s policy titled “Shower,” and interviews with a Personal Support Worker (PSW), Director of Care (DOC) and other staff. [s. 33. (1)]

Issued on this 28th day of September, 2021

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

Original report signed by the inspector.