



**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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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
December 14, 2010	2010_171_2948_14Dec074246 2010_171_2948_15Dec150841 2010_171_2948_16Dec073823	Complaint H-02701 H-02773 H-02924
Licensee/Titulaire 955464 Ontario Limited, 3700 Billings Court, Burlington, ON, L7N 3N6 Fax: 905-634-7122		
Long-Term Care Home/Foyer de soins de longue durée Millennium Trail Manor, 6861 Oakwood Drive, Niagara Falls, ON, L2E 6S5		
Name of Inspector(s)/Nom de l'inspecteur(s) Elisa Wilson, LTC Homes Inspector (#171)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct three complaint inspections regarding resident care and food services.

During the course of the inspection, the inspector spoke with: the administrator, director of care, assistant director of care, foodservices manager, registered staff, personal support workers, foodservice workers, housekeeping staff and residents.

The inspector; observed breakfast and lunch meal service on December 14, 2010, reviewed plans of care and daily documentation for three residents, was invited to and attended the resident's council meeting and inspected the Home for general cleanliness.

The following Inspection Protocols were used during this inspection:

Dining Observation
 Contenance Care and Bowel Management
 Personal Support Services
 Resident's Council Interview

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

7 WN
 6 VPC

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, 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, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care interventions indicate Resident #1 is on a toileting plan and staff need to toilet this resident immediately after meals, before bed and prn. The flowsheet documentation for this resident and interview with staff indicate she is not on this toileting plan.

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 ensuring the written plan of care sets out clear direction to staff and others providing direct care to the resident, to be implemented voluntarily.

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

Findings:

1. The plan of care for Resident #1 indicates she requires two persons to physically assist her in transferring. After lunch on December 14, 2010 this resident was transferred from her wheelchair to bed by one staff person.

WN #3: The Licensee has failed to comply with LTCHA 2007, S.O.2007, c.8, s.6(9)1. The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

Findings:

1. The provision of care set out in the plan of care is not documented for identified residents. Resident #1 and Resident #2's plan of care indicates two specific days are bathing days each week. There is no documentation in the daily flowsheets or the progress notes indicating the provision of this care or reason why it was not given on two identified days in December 2010 for each resident.

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 provision of care set out in the plan of care is documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA 2007, S.O.2007, c.8, s.6(10)(b). 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,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

1. The plan of care for Resident #1 was not revised when her toileting needs changed and she required new interventions for care.

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 plan of care is revised when the resident's care needs change, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.57(2). If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Findings:

1. The resident council meeting minutes include a section for concerns and suggestions. Answers to some of the concerns are provided in the meeting and documented in the minutes, however some of the responses are documented as being "looked into". These items are not responded to in writing by the licensee in 10 days. The last documented written response to the resident's council from administration regarding suggestions and concerns was from January/February of 2010 however minutes from September, October and November 2010, for example, all include concerns and suggestions by residents. Although some of the concerns appear to be dealt with by staff between meetings there is no documentation indicating a response from the licensee.

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 ensuring resident's council concerns and recommendations are responded to in writing within 10 days of receiving the advice, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s.70(d). Every licensee of a long-term care home shall ensure that the dietary services component of the nutrition care and dietary services program includes,
(d) availability of supplies and equipment for food production and dining and snack service.

Findings:

1. China and silverware supplies are not always available for meal service resulting in the residents being served meals on paper or plastic dishes with plastic cutlery. The use of paper and plastic occurs on average, according to resident's comments in the resident's council meeting and foodservice staff, on a weekly basis due to dishes not being washed in a timely manner for the next meal.

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 appropriate supplies are available on a regular basis to provide meal service, to be implemented voluntarily.



WN #7: The Licensee has failed to comply with O.Reg. 79/10, s.72(3)(a). The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality.

Findings:

- 1. Resident's have expressed concern in resident's council meetings (October 2010, and December 2010) regarding the food tasting bland. At the December 2010 meeting the residents requested salt and pepper be made available on each table (3 tables out of 8 had salt and/or pepper in one Home area for example). A petition signed by 20 residents was presented at this meeting by one resident representing her Home area regarding food quality and the 27 residents in attendance at the meeting were in general agreement with the concerns. There was no documentation from the October meeting that any improvements or changes would be looked into to improve the taste of menu items or that salt and pepper would be made available on each table.

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 food production system uses methods to preserve taste and food quality, to be implemented voluntarily.

Table with 2 columns: Licensee/Representative Signature and Health System Accountability and Performance Division representative Signature. Includes handwritten signatures and dates.