Ontario

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

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: October 1, 2024
Inspection Number: 2024-1621-0004
Inspection Type: Critical Incident
Licensee: The Corporation of the Municipality of Chatham-Kent
Long Term Care Home and City: Riverview Gardens, Chatham

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 24-27, 2024.

The following intakes were inspected:
- Intake #00126194 - relating to Improper/Incompetent treatment.
- Intake #00126586 - relating to Fall Prevention and Management.

The following intakes were completed in this inspection:
- Intake #00123131 - relating to Fall Prevention and Management.
- Intake #00123755 - relating to Fall Prevention and Management.

Inspection Managers were also onsite during the inspection

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

Food, Nutrition and Hydration
Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

Introduction
The licensee has failed to ensure that staff waited until the resident was present before serving beverages.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the nutritional care and hydration program must include the implementation of policies and procedures relating to nutritional care and that these are complied with.

Specifically, a staff member did not comply with the homes Food Service Management (FOO) Resident Focused Dining Responsibilities At Meal Service Time policy, when they served beverages before the resident was present.

Rational and Summary
A resident had the incorrect fluid served to their place setting prior to them being

seated at the table. The resident consumed some of the incorrect fluids upon arrival at their table before staff intervened. The homes policy titled "Food Service Management (FOO) Resident Focused Dining Responsibilities At Meal Service Time", stated under the dietary aide section, "Provides cold beverages including mealtime supplements and drink specials just prior to meal service start time following the resident diet information sheets. Do not place a tray or beverage at the resident's seat / spot when they are not present".

A staff member confirmed they served beverages prior to the resident being present at the table and indicated this contributed to the wrong fluid being placed at the table setting.

Not following the home's policy led to the staff providing the incorrect fluid, and placed the resident at risk for aspiration.

Sources
Food Service Management (FOO) Resident Focused Dining Responsibilities At Meal Service Time policy (last revised April 2024), progress notes and staff interviews.