



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11ième étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 29, 2017	2017_546585_0010	028736-16, 028737-16	Follow up

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**Licensee/Titulaire de permis**

THE CORPORATION OF NORFOLK COUNTY  
50 Colborne Street South SIMCOE ON N3Y 3H3

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

NORVIEW LODGE  
44 ROB BLAKE WAY P. O. BOX604 SIMCOE ON N3Y 4L8

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

LEAH CURLE (585)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): May 17, 2017.**

**This follow-up inspection was conducted to follow-up on compliance order (CO) #001 (log #028736-16) and CO #002 (log #028737-16) issued as part of Critical Incident System inspection #2016\_511586\_0007.**

**During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers (PSWs), Registered Nurses (RNs), dietary staff, a Resident Care Coordinator, the Registered Dietitian (RD), Nutrition Services Supervisor (NSS), the Support Services Supervisor and the Administrator.**

**During the course of the inspection, the inspector(s) observed residents and meal service, reviewed clinical records, assessments and dietary serving notes.**

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

**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)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #001	2016_511586_0007		585
O.Reg 79/10 s. 68. (2)	CO #002	2016_511586_0007		585

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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**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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the resident.

A) Review of resident #003's care plan, which was part of their written plan of care, identified they were to receive two adaptive devices at mealtime. Review of the dietary kardex located in the servery, updated on a identified date in May 2017, did not specify that the resident required any adaptive devices. A document, titled "Residents Requiring Adaptive Devices", also located in the servery, identified the resident was to receive two adaptive devices.

On a specified date in May 2017, during a meal observation, resident #003 received one adaptive device.

Interview with dietary staff #105 reported they used the adaptive devices document as well as the dietary kardex for direction regarding resident care needs. Dietary staff #105 confirmed written plan of care did not provide clear direction for dietary staff.

Interview with the Food Services Supervisor (FSS) reported the home used the program, "Diet Kontrol" to produce serving notes for dietary staff. The FSS reported over the past few weeks, their team discovered that some adaptive device interventions listed for residents had dropped off the diet kardex. The FSS identified the home had already taken action to try and rectify the problem; however, confirmed the issue was not yet resolved. [s. 6. (1) (c)]

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**WN #2: 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:**  
**9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that their dining and snack service included providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

A) Resident #001's plan of care identified they were to receive an adaptive device at mealtime.

On an identified date in May 2017, during a meal observation, the resident did not receive the adaptive device as specified in their plan of care. Interview with dietary staff #105 who reported the resident was to receive the device; however, confirmed it was not provided to the resident. Interview with the RD who confirmed resident #001 was to receive the adaptive device.

B) Resident #003's plan of care identified they were to receive an adaptive device at mealtime.

On an identified date in May 2017, during a meal observation, resident #003 did not receive the adaptive device as specified in their plan of care. Interview with dietary staff #105 who reported the resident was to receive the device; however, confirmed it was not provided to the resident. Interview with the RD who confirmed resident #003 was to receive the adaptive device. [s. 73. (1) 9.]



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**Issued on this 1st day of June, 2017**

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

**Original report signed by the inspector.**