Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 19, 2016	2016_414110_0001	000602-16	Resident Quality Inspection

Licensee/Titulaire de permis

SPENCER HOUSE INC.
835 West Ridge Blvd ORILLIA ON L3V 8B3

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

SPENCER HOUSE INC.
835 West Ridge Blvd. ORILLIA ON L3V 8B3

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

DIANE BROWN (110), ANN HENDERSON (559), VALERIE PIMENTEL (557)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 12, 13, 14, 15, 18, 19, 20, 21, 22, 25, 26, 27, 2016.

The following inspection intake was completed concurrently during this RQI: Log #034432-15.

During the course of the inspection, the inspector(s) spoke with executive director (ED), director of care (DOC), associate director of care (ADOC), program manager, MDS-RAI coordinator, interim director of food services (IDFS), food service supervisor, registered dietitian (RD), public health inspector, registered nurse (RN), registered practical nurse (RPN), personal support worker (PSW), cook, dietary aide, residents and families.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Residents' Council
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **6 WN(s)**
- **5 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	Legendé 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 O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the registered dietitian who is a member of the staff of the home assessed the resident's hydration status, and any risks related to hydration.

a) Record review of resident #002's admission nutrition assessment identified resident's estimated fluid requirement to be 1675mls per day, in the absence of altered skin integrity.

On an identified date, record review identified that RD #002 responded to a referral when resident #002 returned from hospital with altered skin integrity. The nutritional assessment did not include a reassessment of resident's fluid requirement.

On an identified date, approximately one month later, record review identified RD #002 reassessed resident's food intake and protein needs related to wound healing. Resident's fluid requirement was not reassessed.

An interview with the RD #002 confirmed that wounds and wound drainage placed a resident at risk of water deficit and reassessing fluid requirements is part of a nutritional assessment for wound healing. Registered Dietitian #002 stated that he/she applied the formula of 30mls per kilogram body weight when assessing residents with wounds.

The home's policy entitled "Nutrition and Wound Care", policy #XI-G-30.10, dated January 2015, stated the registered dietitian will complete a nutritional assessment for the resident which will include an assessment for energy, protein and fluid requirements, the need for vitamin/mineral supplements, an assessment of nutritional risk level and the development/revision of a plan of care related to nutrition and hydration as necessary.

A further interview with RD #002 confirmed that a fluid assessment was not completed as required when assessing resident #002's nutritional status related to altered skin integrity and that resident #002's fluid requirement was higher than the 1675mls per day initially assessed.

b) On an identified date, record review of progress notes for resident #007 identified that RD #002 responded to a referral of altered skin integrity. Registered Dietitian documentation identified resident's meal consumption as poor. Resident's estimated fluid requirement was not reassessed for wound healing.

On an identified date, record review of progress notes identified a referral to RD #002 for resident #007's weight loss and noting resident's fluid intake fell below resident's goal of 12 servings daily for the last four days. The RD #002's response referred the reader to her annual assessment. The annual assessment revealed resident had altered skin integrity, poor intake, weight loss and "fluid consumption on average is 1065mls (which is close to fluid goal)". Resident #007's estimated fluid requirements were not reassessed for wound healing.

Approximately two weeks later, record review of resident #007's progress notes identified RD #002 responded to a referral for poor fluid consumption as resident had been placed on hypodermacyclis for rehydration.

An interview with RD #002 confirmed that a fluid assessment should have been part of resident #007's wound care assessments. [s. 26. (4) (a),s. 26. (4) (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 the registered dietitian who is a member of the staff of the home assesses the resident's hydration status, and any risks related to hydration, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (a) three meals daily; O. Reg. 79/10, s. 71 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident was offered a minimum of three meals daily.

On an identified date, during lunch meal service, five of 32 residents were not present in an identified dining room including resident #033 and #034.
Observations and an interview with dietary aide #124 revealed that trays were not requested or prepared during or after the dining room service.
An interview with RPN #123 identified that resident #033 was sleeping, had been up for breakfast but could not be woken for lunch.
Record review and further interview with RPN #123 revealed the resident was given and took his/her medication and prescribed nutritional supplement between 1130 hours and 1145 hours that day.

Resident #033's care plan identified him/her at high nutritional risk.

An interview with PSW #127 confirmed that resident #033 was sleeping and was not offered a lunch meal on an identified date.

An interview with RPN #123 identified that resident #034 was not feeling well with cold symptoms at lunch time on the identified date. After dining room meal service, staff #125 was observed entering resident #034's room and noticed resident sitting in his/her chair. Staff attempted to escort resident to the dining room but resident sat back down. Personal support worker #125 left and returned to offer resident jello and apple juice. Resident #034's care plan identified him/her at high nutritional risk, with undesired weight loss and reduced intake.

An interview with PSW #125 confirmed that resident #033 was not offered a lunch meal on the identified date.

Interviews with PSW's #125, #126 and #127 revealed that residents who are unwell, asleep or refuse to come to the dining room are only offered fluids and not a meal. A

meal tray is only offered to residents who require isolation precautions.
An interview with the RPN #125 confirmed that when residents do not come to the dining room they are offered fluids and a meal is not offered, unless on isolation precautions. Registered practical nurse #125 further confirmed that staff do not have time to sit with residents while they eat a meal in their room.

The home's policy entitled, "Dining-Tray Service", policy #VII-I-10.60, dated January 2015 stated;
residents will take all meals in the dining room and in those rare circumstances where this is not possible residents will be provided a tray service with a supervised meal after regularly scheduled meal times. Eligibility for tray service includes: illness/outbreak procedures, totally bedridden, end of life care and behavioural issues waiting appropriate assessment and causing disruption in dining room.

A minimum of three meals were not offered to all residents on the identified date [s. 71. (3) (a)]

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 each resident is offered a minimum of three meals daily, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (1) Every licensee of a long-term care home shall ensure that there is an organized food production system in the home. O. Reg. 79/10, s. 72 (1).

s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).

s. 72. (2) The food production system must, at a minimum, provide for,
(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

s. 72. (3) 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; and O. Reg. 79/10, s. 72 (3).

s. 72. (6) The licensee shall ensure that the home has,
(b) institutional food service equipment with adequate capacity to prepare, transport and hold perishable hot and cold food at safe temperatures; and O. Reg. 79/10, s. 72 (6).

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service; O. Reg. 79/10, s. 72 (7).
(b) a cleaning schedule for all the equipment; and O. Reg. 79/10, s. 72 (7).
(c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :

1. The licensee failed to ensure there was an organized food production system in the home.

A review of the food service department's 'menu substitutions form'', observations of food preparation practices and an interview with resident #003 identified the following menu substitutions.

January 10, 2016, yorkshire pudding was not served along with the roast beef.
January 11, 2016, boneless chicken thighs were not served and substituted with bone-in chicken thighs in an insufficient quantity.
January 11, 2016, caribbean shrimp was on the menu and substituted. The documented reason for the substitution revealed shrimp was not received.
January 20, 2016, pork loin was on the menu and substituted.The documented reason for the substitution revealed pork loin was not received.
January 20, 2016, mandarin oranges in light syrup were served and the menu calls for mandarin oranges in natural juice.
January 21, 2016, turkey burgers were on the menu and substituted.
The documented reason for the substitution revealed turkey burgers were not received.

January 25, 2016, observations were conducted of the preparation of butternut squash soup. Observations and recipe review revealed fresh yams were not used according to the recipe or available in the kitchen.
January 25, 2016, observations of the preparation of pureed cheese sandwich and menu review revealed that multigrain bread was not used according to the menu or available in the kitchen.

The home’s policy entitled, "Purchasing and Receiving" dated July 31, 2015 stated the food service manager and/or delegate is responsible for purchasing of all food and supplies for the Nutrition and Food Service Department. The amount of food purchased is based on the menu, the number of residents and appropriate resource allocations.

The interim director of food services confirmed that yorkshire pudding, boneless chicken thighs, shrimp, pork loin, mandarin oranges in natural juices, turkey burgers and fresh yams had not been purchased.

The food service department was not organized to ensure all food was purchased to prepare food according to the planned menu. [s. 72. (1)]

2. The licensee failed to ensure that the food production system provided for standardized recipes and production sheets for all menus.

Observations of the home's food production sheets for January 21 and 26, 2016, identified a lack of direction to staff on pre-meal planning including items to be pulled from the freezer.

On January 21, 2016, cook/dietary aide #117, revealed that production sheets with information related to pre-meal planning and freezer pulls had not been prepared and cooks are required to figure it out themselves.
On January 26, 2016, cook/dietary aide #118, further confirmed that each cook prepared a pre-meal planning and freezer pull list.

The home's policy entitled, "Production Systems", dated July 31, 2015, stated production sheets will be completed by the food service manager prior to meal service so that cooks and aides know how much food to produce. The production sheets will include information such as pre-meal planning process e.g. freezer pulls.

The IDFS confirmed the pre-meal planning process component of the production sheets had not been completed by the food service manager and were not available to staff prior to the meal being prepared. [s. 72. (2) (c)]

3. The licensee failed to ensure that all menu items were prepared according to the planned menu.
On January 25, 2016, at lunch, the menu items included butternut squash soup, chicken pot pie, brussels sprouts, seafood salad sandwich, cucumber salad and sliced cheese sandwiched for the evening snack.
The menu items were observed being prepared or assembled in the kitchen. A review of the corresponding recipes and interviews with cook #116 and dietary staff #114 revealed that ingredients were omitted and/or substituted as follows:
Butternut squash soup prepared did not include diced onion, celery, ginger powder, fresh yams according to the recipe. A review of the home's purchasing invoices revealed that fresh yams were not ordered.
Cucumber salad prepared did not include fresh chopped onions.
Seafood salad sandwich prepared did not include fresh chopped celery, lemon juice and dried dill according to the recipe.
Sliced cheese sandwich prepared did not include mild cheddar cheese but a less expensive processed cheese product. An interview with the food service manager

confirmed cheddar cheese according to recipe would cost .80 cents per serving while the processed cheese slices cost .46 cents per serving. Interview with dietary staff #114 confirmed that processed cheese product has been used for years and the recipe had not been followed.

The planned menu required canned fruit in natural juices and not light syrup for all diets including diabetic.
At dinner on January 21, 2016, inspector #559 confirmed staff served mandarin oranges in light syrup when the menu required mandarin oranges in natural juices. Interviews with staff #117 and #114 revealed they were unaware the menu called for canned unsweetened fruit.
An interview with the IDFS confirmed cans of mandarin oranges in natural juices were not ordered but instead mandarin oranges in a light syrup. It was further confirmed that mandarin oranges in natural juices was a more expensive product at .43 cents per serving as compared to mandarin oranges in light syrup at .29 cents per serving.
A review of the menu and food inventory confirmed that the menu requires canned apricots and canned pears in natural juices however the products purchased and available were canned apricots and pears in a light syrup. RD #2 confirmed that the menu had not been followed. [s. 72. (2) (d)]

4. The licensee failed to ensure that the food production system provided documentation on the production sheet of any menu substitutions.
An interview with resident #003 revealed that on January 10, 2016, at dinner residents were not provided yorkshire pudding along with roast beef according to the menu.
An interview with cook/dietary aide #117 confirmed yorkshire pudding is a frozen product and was not available in the home to evening cook to be prepared and served.
Record review of the home's purchasing system with the IDFS identified yorkshire pudding was not ordered.

A review of home's production sheets and 'menu substitutions forms" failed to identify that yorkshire pudding was not available for dinner on January 10, 2016.
The home's policy entitled "Menu Substitutions", policy #NFS 03-01-60 dated July 31, 2015, stated changes to menu must be made on the master menu and production sheet in the kitchen before the preparation of the meal commences.

The IDFS confirmed the menu omission was not documented on the production sheet, menu or menu substitution form as required. [s. 72. (2) (g)]

5. The licensee failed to ensure that all food and fluids were prepared and served using methods which preserve taste, nutritive value, appearance and food quality.

An interview with resident #040 who consumed pureed food, identified the pureed foods were sometimes gritty with lumps and not always smooth.

a) On January 15, 2016, pureed BBQ chicken and caramelized onion pizza and pureed tuna salad sandwich were served at lunch and taste tested by inspector. The product was gritty, with small pieces of unprocessed food. The pureed entrees were not smooth and lump free.

The RD taste tested the pureed items and confirmed it was not smooth and had small bits of unprocessed food which is not in keeping with the required standard in the home.

The home's policy, entitled "House Diets", dated September 27, 2015, identified the pureed texture is to be lump free and a pudding like consistency.
A review of the food production system revealed that the equipment used to puree food was a domestic food processor, as the main commercial food processor was broken. Staff identified that the domestic processor did not have the motor power to puree food, especially meats, to a smooth consistency and that use of the equipment did affect the quality of the pureed product.

b) On January 25, 2016, at 0945 hours inspector entered the kitchen while lunch preparation was underway. Pans of hot foods were identified in the hot holding unit and confirmed to be cooked minced and pureed brussel sprouts for lunch. Cook #116 revealed the minced and pureed vegetables were prepared and placed into the hot holding unit at approximately 0935 hours.
A review of the home's recipe for minced and pureed brussel sprouts states "for optimal food safety and nutrient retention, texture modification should be done within one hour of service".
The acting FSM confirmed that the advance preparation of minced and pureed vegetable is not in keeping with the preparation methods identified in the home's recipe and practice does not support optimal nutrient retention of pureed food.

c) On January 25, 2016, the preparation of pureed lunch entrees was observed.
Cook #116 was observed placing eight cooked chicken pot pies and an unmeasured

amount of tap water, approximately 500mls and a scoop of chicken soup base into the commercial robot coupe food processor. After processing, additional water was added. Inspector enquired as to the amount of water and cook #116 responded that pie crust will thicken so we need to put in more liquid. Product was poured into pans and hot held for lunch meal serve.
A review of the pureed chicken pot pie recipe revealed two ingredients, chicken pot pie and thickener, no water was to be added.
The Acting FSM confirmed that the recipe was not followed to optimize nutrient value of the pureed food. The use of water decreases the nutritional value of the food item given the same portion size.

d) Cook #116 was observed placing 16 slices of bread and eight scoops of seafood sandwich filling into the food processor. An unmeasured amount of tap water approximately 500-750mls was poured into the food processor. No margarine was added. The cook processed the sandwich, then added an unmeasured amount of commercial thickener approximately 64mls, then an additional 64mls of thickener.
A review of the pureed seafood salad recipe revealed two ingredients, four seafood salad sandwiches including margarine and 64mls of water for the prepared four pureed sandwiches. The recipe did not require thickener to be used.

e) On January 25, 2016, dietary aide #114 was observed initiating the preparation of pureed cheese sandwiches for evening snack. The dietary aide later confirmed that he/she used bread, cheese, approximately 500mls of water and 50mls thickener and no margarine. Dietary aide #114 explained that this is how he/she was taught and was unaware of a pureed cheese sandwich recipe.
A review of the pureed cheese sandwich recipe identified two ingredients, whole sliced cheese sandwiches, including margarine and milk. The recipe did not require water or thickener to be used.

An interview with the IDFS confirmed the use of thickener will decrease the nutritional value of the food item and should not be used unless required by the recipe. [s. 72. (3) (a)]

6. The licensee failed to ensure the home had institutional food service equipment with adequate capacity to prepare hot and cold food.

On January 20, 2016, inspectors #110 and #559 observed two non-institutional food

processors in the kitchen area.

An interview with dietary aide #114 revealed the domestic Hamilton Beach food processor had been in use for 18 months and last summer the duct and surgical tape was applied to hold the handle on.

Observations of a second domestic Proctor Silex food processor unit located on the cooks table with a value village sticker of $19.99, was confirmed by dietary aide #117 to have been used for pureed food production for approximately one week. Dietary aide #117 purchased the second hand food processor at Value Village on January 13, 2016, when main food processor was broken. [s. 72. (6) (b)]

7. The licensee failed to ensure that the home had and that the staff of the home complied with, (a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service; (b) a cleaning schedule for all the equipment; and (c) a cleaning schedule for the food production, servery and dishwashing areas.

Record review of the Nutrition and Food Service manual dated December 16, 2015, and interviews with kitchen staff #114, #115, #116 and #117 revealed there are cleaning schedules developed for the 6-2,7-1, 7-2,10-6,11-7, 4-7.30 shifts, specific cleaning duties in the main kitchen and a sanitation and cleaning policy NFS 03-02-60 revised July 31, 2015.

On January 20, 2016, at 1100 hours inspector #110 and #559 observed the following in the kitchen:
1-the lid of the thickener container was dirty.
2-three plastic food containers were stacked with trapped water inside.
3-the backsplash area behind the robot coupe had a build-up of dried residue.
4-bussing carts with unclean handles, shelves with a build-up of dried food residue and dirty wheels.
5-roller base of garbage holder had a build-up of dried food residue.
6-hand wash station towel dispenser dirty and greasy.
7-door handle and wall door to walk-in freezer was dirty.
8-kitchen staff observed wearing dirty aprons and uniforms and on January 21, 2016, DA #118 was observed in a dirty uniform and not wearing an apron when preparing food.
9-a non-institutional Hamilton Beach Food processor was observed as having food trapped in the handles and the handles were unsecurely sealed with duct tape and

surgical tape; staff revealed this had been taped since last summer.
10-a second hand non-institutional Proctor Silex food processor was observed at a work station. Staff # 117 revealed this second hand unit was purchased for $19.99 on January 13, 2016, to replace a broken food processor with the approval of the manager.
11-condiment containers were greasy/dirty to touch
12-base of steam jacketed kettle was dirty with a build-up of dried food residue.
13-food thickener lid off container and open to the air while not in use.
14-fourteen water jugs with residue build up.
15-shelf above sanitizer sink had residue build up.
16-coffee pot lids with buildup of sticky moist wet labels.

DA #114 revealed the Hamilton Beach domestic food processor had been used to puree protein type sandwiches, e.g. corned beef, pastrami, chicken salad, ham salad sandwiches, peanut butter and bread. The food debris trapped in the handles of the unit was moist pureed food.
An interview with inspector #6085 from South Muskoka District Health Unit confirmed the buildup of the trapped food was the ideal medium for bacterial growth as the food containing protein was moist and at room temperature.
A walk through of the kitchen with the ED confirmed the staff had failed to comply in keeping the kitchen area and equipment maintained in a clean and sanitary condition. [s. 72. (7)]

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 there is an organized food production system of food procurement, adherence to the planned menu and standardized recipes, to be implemented voluntarily.

WN #4: 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. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents who required assistance with eating or drinking were served a meal when someone was available to provide the assistance.

On an identified date lunch meal service observations were conducted.

The following observations of resident #041 were identified:
-1210 hours resident was sitting at his/her table with soup and two drinks. A PSW was present from 1210 until 1211 hours then left.
-1225 hours registered nurse #123 woke resident and asked if he/she would like some soup. Staff #123 left at 1226 hours when resident declined soup.
-1235 hours resident was offered and served his/her choice of entree with no staff assistance.
-1239 hours resident was awoken by registered dietitian and with conversation and reminiscing observed resident accepted feeding assistance and consumed most of his/her meal.

Record review of a RD progress note entered in resident #041's health record on the same identified date inspector observed resident revealed the following; RD observed resident #041 at lunch and noted he/she was sleeping in dining room chair with meal untouched. RD woke resident and encouraged intake. All cottage cheese and poppy seed loaf taken and 50 per cent of fruit on plate. Resident stated he/she was thirsty and took one and one half servings chocolate milk and one serving grape juice with RD. RD needed to feed all of meal but at end of meal, resident began to feed him/herself the fluids. RD tried to encourage resident to feed self but he/she would pick up spoon then put it down without putting it to mouth. Resident did allow RD to feed him/her. Resident and RD had a good conversation during meal and resident did not appear confused regarding his/her wishes, stating his/her preferences and that he/she was thirsty. Please make several attempts to feed resident #041 if he/she initially is not eating and encourage intake. High nutrition risk.

Record review of the care plan identified resident #041 at high nutritional risk related to poor intake and low body weight. Care plan identified that resident #041 required extensive feeding assistance.

An interview with the RD confirmed that resident #041 had not received the required level of feeding assistance on the observed identified date and meal, prior to the RD sitting and totally assisted the resident. [s. 73. (2) (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 ensure that residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 78. Food service workers, training and qualificationsTraining and qualifications

Specifically failed to comply with the following:

s. 78. (3) The licensee shall ensure that food service workers who were employed at the home before July 1, 2010, and who do not have the qualifications required under subsection (1), complete a food handler training program on or before October 1, 2010, unless they meet the requirements under subsection (1) sooner.

Findings/Faits saillants :

1. The licensee has failed to ensure that food services workers hired on or after July 1, 2010, who are students hired on a part-time basis had successfully completed a food handler training program.

Record review of employee files identified dietary aide #128, a student, was hired August 4, 2015, and currently had not successfully completed a food handler training program. The IDFS confirmed there was no evidence employee #128 had completed a food handler training program. [s. 78. (3)]

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 ensure that food services workers hired on or after July 1, 2010, who are students hired on a part-time basis have successfully completed a food handler training program, to be implemented voluntarily.

WN #6: 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).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

During the mandatory medication inspection the inspector and RPN #107 identified resident #006 and resident #010's Narcotic and Controlled Drug Administration Records were not signed.

Review of the pharmacy Narcotic and Controlled Drugs policy index number 02-03-80 last reviewed: June 23, 2014, section 4 states the nurse or authorized care giver receiving the drug must ensure that the count is correct and sign his/her name in "Received By".

The RPN and DOC confirmed it is the expectation the nurse will sign in the "Received By" part and failed to follow policy. [s. 8. (1)]

2. The home's policy in the LTC Manual, entitled "Skin and Wound Care Management Protocol", Policy #VII-G-10.80, current revision date July 2015, indicated the skin care coordinator or resource nurse will conduct weekly wound and skin care rounds with the registered staff on the identified home area where residents have Stage II wounds or greater.

Record review and an interview with RPN #108 confirmed resident #007 developed altered skin integrity on an identified date. The month following the resident developed another area of altered skin integrity which then progressed.

Record review identified the first weekly wound and a skin care round was conducted on an identified date, seven weeks after the identification of the first altered skin integrity concern.

Interviews with the ADOC and DOC confirmed the home did not follow the policy to conduct weekly wound and skin care rounds for resident #007. [s. 8. (1) (b)]

Issued on this 22nd day of February, 2016

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

Original report signed by the inspector.