



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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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<b>Inspection Report under the LTC Homes Act, 2007</b> <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		<b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b> <input type="checkbox"/> Copie du Titulaire <input checked="" type="checkbox"/> Copie de la Publique	
<b>Date(s) of inspection/Date de l'inspection</b> August 5, 6, 2010		<b>Inspection No/ d'inspection</b> 2010_159_2975_05Aug100456	<b>Type of Inspection/Genre d'inspection</b> Complaint
<b>Licensee/Titulaire</b> St. Joseph's Health System 56 Governor's Road, Dundas ON. L9H 5G7			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> St. Joseph's Villa 56 Governor's Road, Dundas ON. L9H 5G7			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Asha Sehgal – LTC Homes Inspector - Dietary #159 Barbara Naykalyk-Hunt LTC Homes Inspector –Nursing #146			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a Complaint inspection</p> <p>The inspection was conducted by 2 inspectors named above on August 5, 2010.</p> <p>Inspector #159 visited the home for a second day on August 6, 2010.</p> <p>During the course of the inspection, the inspector(s) spoke with: Registered Dietitian, Food Service Manager, Nurse Manager, Administrator, RAI Coordinator, Personal Support workers and the Resident.</p> <p>The following Inspection Protocols were used during this inspection: Nutrition and Hydration. Accommodation Services – Housekeeping IP Falls Prevention</p> <p>7 Findings of Non-Compliance were found during this inspection. The following action was taken: 7 WN 6 VPC</p>			

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 constitue un avis d'écrit de l'exigences 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.

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN – Written Notifications/Avis écrit  
 VPC – Plan of correction/Plan de redressement  
 DR – Director Referral/Régisseur envoye  
 CO – Compliance Order/Ordres de conformité  
 WAO – Work and Activity Order/Ordres: travaux et activités

**WN#1:** The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.6(11)(b)

**When a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

#### Findings:

1. There was no documentation to support that the nutritional interventions were evaluated and different approaches taken to address the concerns related to an identified resident (frequent refusal of meals, decline in food and fluid intake, and a significant weight loss).

**VPC-** pursuant to LTCHA, 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 that **when a resident is reassessed and the plan of care reviewed and revised, if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care**, to be implemented voluntarily.

Inspector ID#: 159

**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. 2007, c. 8, s. 6 (7).**

#### Findings

1. The resident did not receive the required level of encouragement and assistance with eating to safely eat and drink as comfortably and independently.

In August 2010 the resident was served noon meal in her room. At 12:35 pm a personal support worker took the meal tray to resident's room and placed it on an over bed side table and walked away. The resident was lying on the bed. At 12:40 pm another Personal support worker entered resident's room and removed the meal tray and returned to the dining room.

The plan of care of the resident had identified that the resident needs lots of encouragement with meals. This was not noted during the course of inspection.

**VPC-** pursuant to LTCHA, 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 that **the care set out in the plan of care is provided to the resident as specified in the plan**, to be implemented voluntarily.

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 constitue un avis d'écrit de l'exigences 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.

Inspector ID#: 159

**WN#3:** The Licensee has failed to comply with: O.Reg. 79/10, s. 231 (a) (b)

**Every licensee of a long term care home shall ensure that, (a) a written record is created and maintained for each resident of the home; and (b) the resident's written record is kept up to date at all times. O.Reg. 79/10, s. 231.(a) (b)**

Findings :

- I. An identified resident did not have food and fluid written record kept up to date. The food and fluid intake record for the month of April, May, June, July, and August 2010, were incomplete, several blank entries and gaps were noted. August 4, 5, 2010, lunch meal intake was not recorded. July 15, 17, 18, 2010 supper meal, afternoon and night nourishment intake was not recorded. June 5th 2010, noon meal and afternoon nourishment intake was not recorded.

**VPC-** pursuant to LTCHA, 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 that **a written record is created and maintained for each resident of the home; and (b) the resident's written record is kept up to date at all times**, to be implemented voluntarily.

Inspector ID#: 159

**WN#4:** The Licensee has failed to comply with: O.Reg.79/10, s.26(3)14

**A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Hydration status and any risks relating to hydration. O.Reg.79/10, s.26(3)14**

Findings:

- 1 An identified resident's plan of care did not provide clear direction to staff and others who provide direct care to the resident. There was no direction to staff regarding risks related to hydration status of the resident. The fluid intake record indicated that on several days in June and July 2010, the resident had consumed less than 4x125 ml servings fluid a day The plan of care was not revised and resident not meeting hydration need. The resident did not have a plan of action to address the problem. The home's policy states if the resident consume less than 6x125 ml servings of fluid a day, the referral is to be made to the dietitian. The hydration status of the resident was not communicated to the dietitian for further assessment and to address the concerns related to hydration and nutritional risk.

**VPC-** pursuant to LTCHA, 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 be implemented voluntarily.

Inspector ID#: 159

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'exigences prévue le paragraph 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#5:** The Licensee has failed to comply with: O.Reg, 79/10 s. 26(4)(a)(b)

**The licensee shall ensure that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition.**

**The licensee shall ensure that a registered dietitian who is a member of the staff of the home, assesses the matters referred to in paragraphs 13 and 14 of subsection (3).**

Findings:

- 1 The clinical dietitian did not assess identified resident's eating pattern and actual consumption of food and fluid. A review of progress notes and the intake records of the resident indicated resident appetite poor and refusing meals. The intake record also indicated that the resident has been refusing breakfast meal most days and lunch and supper meal frequently. Resident continues to be losing weight. The significant change in resident's nutritional status i.e poor oral intake and weight loss was not reassessed and appropriate measures taken.
- 2 August 6, 2010, discussion with the Registered Dietitian confirmed that the abnormal lab results dated April 30 to May 5, 2010, of the resident were not reviewed by the clinical dietitian.
- 3 Documentation in resident's health record supports that the clinical dietitian completed nutritional assessment June 28th 2010 and Resident Assessment Protocol assessment July 5th 2010 .The assessment did not include estimation of nutritional requirement (calories, protein, fluid and micronutrient) needs. The nutritional needs were not assessed for adequacy to address the concerns related to weight loss and poor oral intake of the resident. The nutritional assessment was not comprehensive as it did not include all important aspects.

**VPC-** pursuant to LTCHA, 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 be implemented voluntarily.

Inspector ID#: 159

**WN#6:** The Licensee has failed to comply with: O. Reg. 79/10 s.69.3

**Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: A change of 10 per cent of body weight, or more, over 6 months.**

Findings:

- 1 A review of an identified resident's weight record confirmed and verified that the resident had 18% weight loss over seven months and continues to be losing weight. The nutritional interventions and the interdisciplinary approaches have not been evaluated and measures taken to address the concerns. Resident's monthly weights recorded were: December 2009, 75.2 kg, January 2010, 71.8 kg, February 2010, 68.4 kg, March 2010, 66.7 kg, April 2010, 66.8 kg, May

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 constitue un avis d'écrit de l'exigences 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.

2010, 63.8 kg, June 2010, 61.1 kg and July 2010, 58.1 kg.

**VPC-** pursuant to LTCHA, 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 be implemented voluntarily.

Inspector ID#: 159

**WN#7:** The Licensee has failed to comply with: O. Reg. 79/10, s.91.

**Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labeled properly and are kept inaccessible to residents at all times.**

Findings:

During visit to room 149 regarding a cleanliness complaint, a bottle of proviodine was on the window sill beside resident's bed. Ministry staff gave the chemical to a housekeeper who was just outside the resident's room.

Inspector ID#: 146

Signature of Licensee of Designated Representative  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Title:

Date:

*Theresa Ann Bankers Traykalyk - Hunt*  
Date of Report (if different from date(s) of inspection). July 12/11