



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ém} étage
Hamilton ON L8P 4Y7

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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télocopieur: 905-546-8255

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

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
October 26, 27, 2010	2010_107_2975_25Oct160301	Complaint H-01768
Licensee/Titulaire St. Joseph's Health Centre, 56 Governor's Road, Dundas ON L9H 5G7 Fax: 905-628-0825		
Long-Term Care Home/Foyer de soins de longue durée St. Joseph's Villa, 56 Governor's Road, Dundas ON L9H 5G7 Fax (905) 628-0825		
Name of Inspector(s)/Nom de l'inspecteur(s) Michelle Warrener - #107		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to the breakfast meal service.</p> <p>During the course of the inspection, the inspector spoke with: Residents, The Administrator, Director of Nursing, Food Service Manager, Registered and Non-Registered Nursing staff on the Maple/Trillium home areas.</p> <p>During the course of the inspection, the inspector: Observed the breakfast meal service in two dining areas, reviewed dietary staffing levels, and reviewed policies, procedures, and job routines for both nursing and dietary departments.</p> <p>The following Inspection Protocols were used during this inspection: Dining Observation Ad Hoc Notes</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>[3] WN [1] VPC [1] CO: CO # 001</p>		

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. 101(4) 101(4) Every licensee shall comply with the conditions to which the licensee is subject.

Findings:

Section 4.1 under Schedule C of the Long-Term Care Home Service Accountability Agreement (LSAA) with the Local Health Integration Network (LHIN) under the Local Health System Integration Act, 2006, reads, "The Health Service Provider shall use the funding allocated for an Envelope for the use set out in the Applicable Policy". The Long-Term Care Homes Funding Policy of July 1, 2010 for Eligible Expenditures for Long-Term Care Homes Nursing and Personal Care (NPC) Envelope Section 1. b) reads, "Direct nursing and personal care includes the following activities: assistance with the activities of daily living including personal hygiene services, administration of medication, and nursing care."

- 1. Nursing staff (from the Nursing and Personal Care Envelope) were completing Food Service Worker duties at the breakfast meal service October 26, 2010 in the Maple/Trillium dining rooms. In the Maple dining room Personal Support Workers (PSWs) and Health Care Aides (HCAs) were observed portioning and plating food for meal service and portioning plates for tray service. In the Trillium dining room the PSW was portioning and plating food for tray service while the Food Service Worker was serving beverages. Negative outcomes for residents were identified.**

Inspector ID #: 107

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s. 31(3)(a)

(3) The staffing plan must,
 (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation.

Findings:

- 1. The staffing plan on the Maple Home Area does not provide for a staffing mix that is consistent with residents' assessed care needs and with the organization of the Nursing and Dietary departments. Residents who required personal support assistance in the morning were not brought into the dining room in a timely manner for the start of the breakfast meal service (7:45a.m). Residents were still being brought into the dining room at 8:17a.m and 8:30a.m. The Dietary department is scheduled to leave to go to the next dining room (Trillium) at 8:20a.m., resulting in Dietary staff not being available to provide meal service to those**

arriving late.

2. The staffing mix on the Maple Home Area did not meet the assessed needs for residents requiring assistance with eating in the Maple home area. At the breakfast meal October 26, 2010, in the Maple dining room, Nursing staff were not available for the start of the breakfast meal service (7:45am) and did not arrive to provide assistance with eating and drinking until 8:11a.m. A resident requiring assistance with eating did not receive hot cereal due to staff not being in the dining room to assist the resident until 8:11a.m. In an interview with the Inspector, the resident stated they wanted cereal, however, staff were unavailable to provide assistance and the cereal was not offered/provided.
3. On the Maple home area, staff identified residents that require a ceiling lift for transfer and stated that the residents are usually fed in bed. The Inspector inquired as to why the residents requiring a lift need to be fed in bed, and staff stated the reason for some residents to be that Dietary staff is gone by the time staff get to feed the residents so staff feed them in bed. Staff confirmed that residents do not always get to the dining room based on scheduling/staffing concerns.

Inspector ID #: 107

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s. 72(3) (a),(b)

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
- (b) prevent adulteration, contamination and food borne illness.

Findings:

The licensee did not ensure that all foods were prepared and served in a manner that preserves taste, nutritive value, appearance and food quality and prevents adulteration, contamination and food borne illness, at the breakfast meal October 26, 2010 in the Maple dining room.

1. An identified resident was offered oatmeal that was sitting on a tray for an extended time and left uncovered (had cooled with film on-top), the staff poured diet syrup on the pureed eggs and toast (all over both) for the resident without the request of the resident, resulting in reduced taste and food quality.
2. At 8:44am a HCA portioned a tray for a resident, however, the resident was only given hot cereal and beverages and not offered an entrée, resulting in reduced nutritional value of the meal offered to the resident.
3. At 8:44am a HCA nursing staff was in the servery without a hair net making a tray for a resident.

Inspector ID #: 107

Additional Required Actions:

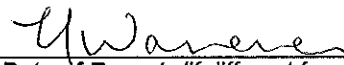
VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that all foods are prepared and served in a manner that preserves taste, nutritive value, appearance and food quality and prevents adulteration, contamination and food borne illness, to be implemented voluntarily.



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

Signature of Licensee or Representative of Licensee 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:	Date of Report: (if different from date(s) of inspection).
		January 28, 2011



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Michelle Warrener	Inspector ID # 107
Log #:	H-01768	
Inspection Report #:	2010_107_2975_25Oct160301	
Type of Inspection:	Complaint	
Date of Inspection:	October 26, 27, 2010	
Licensee:	St. Joseph's Health Centre, 56 Governor's Road, Dundas ON L9H 5G7 Fax: 905-628-0825	
LTC Home:	St. Joseph's Villa, 56 Governor's Road, Dundas ON L9H 5G7 Fax (905) 628-0825	
Name of Administrator:	Shawn Gadsby, Acting Administrator	

To St. Joseph's Health Centre, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: O.Reg. 79/10, s. 31(3)(a) 31(3) The staffing plan must, (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation.			
Order: The licensee shall prepare, submit and implement a written plan by February 28, 2011, for achieving compliance to meet the requirement that the staffing mix on the Maple Home Area is consistent with residents' assessed care needs for the breakfast meal service in relation to assistance with eating, assistance with activities of daily living, and transporting residents to the dining room in a timely manner (as per resident preferences). The plan is to be implemented. The plan is to be submitted to Inspector: Michelle Warrener, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 119 King Street West, 11 th Floor, Hamilton ON L8P 4Y7, Fax 905-546-8255.			



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

Grounds:

1. The staffing plan on the Maple Home Area does not provide for a staffing mix that is consistent with residents' assessed care needs and with the organization of the Nursing and Dietary departments. Residents who required personal support assistance in the morning were not brought into the dining room in a timely manner for the start of the breakfast meal service (7:45a.m). Residents were still being brought into the dining room at 8:17a.m and 8:30a.m. The Dietary department is scheduled to leave to go to the next dining room (Trillium) at 8:20a.m., resulting in Dietary staff not being available to provide meal service to those arriving late.
2. The staffing mix on the Maple Home Area did not meet the assessed needs for residents requiring assistance with eating in the Maple home area. At the breakfast meal October 26, 2010, in the Maple dining room, Nursing staff were not available for the start of the breakfast meal service (7:45am) and did not arrive to provide assistance with eating and drinking until 8:11a.m. A resident requiring assistance with eating did not receive hot cereal due to staff not being in the dining room to assist the resident until 8:11a.m.
3. On the Maple home area, staff identified that not all residents requiring assistance with activities of daily living are assisted and brought to the dining room for the breakfast meal service as a result of scheduling/staffing concerns.

This order must be complied with by: February 28, 2011

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not



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

connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 28 day of January, 2011.	
Signature of Inspector:	
Name of Inspector:	Michelle Warrener
Service Area Office:	Hamilton Service Area Office