



**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

**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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
February 1, 2011	2011_171_2979_01Feb080748	L-00128 – Follow-up Dietary from L-01688	
Licensee/Titulaire			
The Homewood Corporation, 150 Delhi Street, Guelph, ON, N1E 6K9			
Long-Term Care Home/Foyer de soins de longue durée			
The Village of Glendale Crossing, 3030 Singleton Ave, London ON N6L 0B6			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Elisa Wilson – Long-Term Care Homes Inspector (#171)			
Inspection Summary/Sommaire d'inspection			



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The purpose of this inspection was to conduct a follow-up inspection regarding:

L-01688 Post Occupancy –Dietary conducted in November 2010

O.Reg. 79/10, s.71(4)

O.Reg. 79/10, s.72(2)(c)

During the course of the inspection, the inspector spoke with: the Administrator, the foodservices manager, the clinical dietitian, the chef, dietary aides, registered staff, personal support workers and residents.

The inspector reviewed the Nutrition and Hydration policy and the production sheets and recipes in the kitchen. The inspector observed lunch, pm snack and dinner service in three different Home areas.

The following Inspection Protocols were used during this inspection:

Food Quality

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

1 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement du directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'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 constitue 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.



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WN #1: The Licensee has failed to comply with O.Reg. 79/10, s.72(2)(c). The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus;

Findings:

1. Production sheets and recipes reviewed did not provide information for the chefs and food preparation staff regarding quantities of menu items to prepare.
2. The therapeutic menu and production sheets indicate pureed prunes are served using a #10 scoop portion, however a pre-packaged product of fibre/fruit is used instead.

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 that the food production system provides for standardized recipes and prosecution sheets for all menu items, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corriger				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.71(4)	VPC	1	2010_128_2979_02Nov145845	128

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). <i>Feb. 2, 2011</i>