



**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 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
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
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130 avenue Dufferin 4ème étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 18, 2015	2015_182128_0018	010700-15	Follow up

Licensee/Titulaire de permis

Oneida Nation of the Thames
2212 Elm Avenue R. R.#2 SOUTHWOLD ON N0L 2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)
2212 Elm Avenue R. R.#2 SOUTHWOLD ON N0L 2G0

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

RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): July 27, 28 & 29, 2015.

This inspection was conducted to follow-up orders that were issued related to food production including standardized recipes and production sheets, food not being served according to the planned menu, food not being served in adequate quantities, policies not being adhered to including temperature monitoring, and housekeeping and maintenance concerns.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, three Cooks, three Dietary Aides, three Personal Support Workers and eight Residents.

The inspector observed meal service including quantities of food provided to residents, reviewed menus, production sheets, recipes, and temperature monitoring logs. Housekeeping and maintenance were also observed.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Dining Observation
Food Quality**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

1 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. 15. (2)	CO #001	2015_229213_0015		128
O.Reg 79/10 s. 71. (4)	CO #005	2015_229213_0015		128
O.Reg 79/10 s. 72. (3)	CO #007	2015_229213_0015		128
O.Reg 79/10 s. 8. (1)	CO #002	2015_229213_0015		128

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**Specifically failed to comply with the following:**

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, (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the food production system, at a minimum provided for, standardized recipes and productions sheets for all menu items.

A review of the therapeutic menu, production sheets and standardized recipes revealed that there were a number of inconsistencies and the menu, production sheets and recipes did not align to guide food production for residents.

Discrepancies were noted on the Spring and Summer menu. A review of the menu for Thursday, Week #1 revealed recipe yields provided insufficient quantities compared to the number of servings required on the production sheets.

Breakfast

The standardized recipes for poached eggs, pureed scrambled eggs and stewed prunes indicated that the quantity yielded by the recipes were less than the number of servings required on the production sheets.

Gluten Free hot cereal was not on the production sheet for preparation but it was listed on the menu. A standardized recipe was not provided.

Cream of wheat was on the menu. However, the standardized recipe (42 servings) did not yield the required amount (51 servings) listed on the production sheet. The production sheet indicated that corn meal porridge should be prepared instead of cream of wheat.

Lunch

The menu indicated that beef barley soup was to be served but the standardized recipe

provided was for Mohawk Indian corn soup.

The recipes for pureed soup, ham and minced ham, cucumbers, pancakes, strawberries, watermelons and cookies indicated that the quantity yielded was less than the number of servings that were required on the production sheets.

The menu indicated chicken salad sandwiches were to be served for lunch but the production sheet stated chicken corn bread was to be prepared. The standardized recipe provided was for corn bread. A recipe for chicken salad was not provided.

The renal menu indicated three ounces of sliced pork was to be served but the production sheet stated two ounces were to be produced. There was no standardized recipe available to guide staff on how much to cook.

Oatmeal raisin muffins were on the menu for afternoon snack but the production sheets did not indicate that they were to be baked.

Supper:

The standardized recipes for shepherd's pie, pureed shepherd's pie, asparagus cuts, creamed corn, pureed creamed corn, pureed creamy fruit salad, bread and pureed bread indicated that the quantity yielded was less than the number of servings that were required on the production sheets.

The production sheets did not indicate how many bologna sandwiches were to be made for evening snack.

Two cooks confirmed in interviews, on July 29, 2015, that there were no production sheets to guide snack production.

The cooks also confirmed that recipes, for pureed texture food items directed them to add tap water and thickener. The staff were concerned that the tap water and thickener would diminish the flavour and thought the recipes should be modified.

One cook indicated in an interview on July 28, 2015 that some of the recipes were "really terrible" and if they followed them the residents would not eat the food.

During interviews on July 28, 2015, three residents expressed dissatisfaction with the food being served and identified the meat on the menu as being tough to chew, as an example.

A cook and the Administrator agreed that the menus did not align with the recipes and production sheets. They recognized that inadequate quantities of food would be prepared if the recipes were followed. The Administrator acknowledged that the licensee had not provided a food production system that provided standardized recipes and production sheets that aligned with the menu to produce food for the residents. [s. 72. (2) (c)]



2. The licensee has failed to ensure that the food production system provided for documentation on the production sheet of any menu substitutions.

At the supper meal, July 27, 2015, it was noted that substitutions to the menu were made to the planned menu. These included serving spaghetti instead of ribs and using diced chicken instead of chicken breasts and thighs in the salsa chicken.

A review of the Menu Substitution binder, on July 28, 2015, revealed that there were no menu substitutions documented in 2015.

Two dietary staff acknowledged that menu substitutions were being made and confirmed that they were not being recorded.

The Administrator acknowledged that the licensee did not ensure the food production system included documentation of menu substitutions on the production sheet. [s. 72. (2) (g)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector". 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 is modified to provide for documentation of any menu substitutions on the production sheet, to be implemented voluntarily.

Issued on this 18th day of August, 2015

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



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Original report signed by the inspector.



**Ministry of Health and
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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*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**Health System Accountability and Performance Division
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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : RUTH HILDEBRAND (128)

Inspection No. /

No de l'inspection : 2015_182128_0018

Log No. /

Registre no: 010700-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Aug 18, 2015

Licensee /

Titulaire de permis :

Oneida Nation of the Thames
2212 Elm Avenue, R. R.#2, SOUTHWOLD, ON,
N0L-2G0

LTC Home /

Foyer de SLD :

Oneida Nation of the Thames Long-Term Care Home
(Tsi' Nu: yoyantle' Na' Tuhuwatisni)
2212 Elm Avenue, R. R.#2, SOUTHWOLD, ON,
N0L-2G0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Maureen Kelly



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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

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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

To Oneida Nation of the Thames, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the InspectorPursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8***Ordre(s) de l'inspecteur**Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8***Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre existant:** 2015_229213_0015, CO #006;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Order / Ordre :

The licensee must take action to ensure that the production system is modified to provide standardized recipes for all menu items, including therapeutic and texture modified food items. The recipes and production sheets must also align with the menu to guide staff in food production for residents meals and snacks.

Grounds / Motifs :

1. The licensee has failed to ensure that the food production system, at a minimum provided for, standardized recipes and productions sheets for all menu items.

O. Reg 79/10, s. 72.(2) (c) has been the subject of previous non-compliance WN, CO #006 issued May 19, 2015 (Inspection #2015_229213_0015) with a compliance date of June 19, 2015.

A review of the therapeutic menu, production sheets and standardized recipes revealed that there were a number of inconsistencies and the menu, production

sheets and recipes did not align to guide food production for residents.

Discrepancies were noted on the Spring and Summer menu. A review of the menu for Thursday, Week #1 revealed recipe yields provided insufficient quantities compared to the number of servings required on the production sheets.

Breakfast

The standardized recipes for poached eggs, pureed scrambled eggs and stewed prunes indicated that the quantity yielded by the recipes were less than the number of servings required on the production sheets.

Gluten Free hot cereal was not on the production sheet for preparation but it was listed on the menu. A standardized recipe was not provided.

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Oatmeal raisin muffins were on the menu for afternoon snack but the production sheets did not indicate that they were to be baked.

Supper:

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The cooks also confirmed that recipes, for pureed texture food items directed them to add tap water and thickener. The staff were concerned that the tap water and thickener would diminish the flavour and thought the recipes should be modified.

One cook indicated in an interview on July 28, 2015 that some of the recipes were “really terrible” and if they followed them the residents would not eat the food.

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A cook and the Administrator agreed that the menus did not align with the recipes and production sheets. They recognized that inadequate quantities of food would be prepared if the recipes were followed. The Administrator acknowledged that the licensee had not provided a food production system that provided standardized recipes and production sheets that aligned with the menu to produce food for the residents.

(128)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 15, 2015



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL 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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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section 154 of the *Long-Term Care
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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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



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Pursuant to section 153 and/or
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 18th day of August, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : RUTH HILDEBRAND

Service Area Office /

Bureau régional de services : London Service Area Office