

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date:</b> November 2, 2023	
<b>Inspection Number:</b> 2023-1504-0006	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Ritz Lutheran Villa	
<b>Long Term Care Home and City:</b> West Perth Village, Mitchell	
<b>Lead Inspector</b> Cheryl McFadden (745)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Kristen Murray (731)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 11, 12, 13, 16, 18, 19, 20, 2023.

The following intake(s) were inspected:

- Intake: #00098763 - Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Residents’ and Family Councils
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices
- Pain Management
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Family Council

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

The licensee has failed to ensure that a semi-annual meeting was convened to advise such persons of the right to establish a Family Council.

#### Rationale and Summary

Inspector #745 spoke with a resident, who stated the home did not have a family council. During interviews with Campus Life Director and CEO they stated the home did not have a family council and they had not been convening meetings twice a year to establish a family council.

**Sources:** Interviews with a resident, Campus Life Director and CEO. [745]

### WRITTEN NOTIFICATION: Menu Planning

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 77 (2) (b)

The licensee failed to ensure that prior to being in effect, each menu cycle was evaluated by, at minimum, the nutrition manager and the registered dietitian who are members of the staff of the home.

#### Summary and Rationale

A review of the long-term care home's menu evaluation and approval tool identified that the current menu cycle evaluation was completed on May 1, 2023, by the nutrition manager and registered dietitian. In separate interviews with a Registered Dietitian (RD) and the Director of Nutrition Services, they identified that the menu evaluation was not completed prior to the menu cycle being in effect, in April 2023.

There was increased risk to the residents related to the menu not being evaluated by the nutrition manager and registered dietitian, prior to being in effect.

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**Sources:** Menu Evaluation and Approval, dated May 1, 2023; and interviews with an RD and the Director of Nutrition Services. [731]

## COMPLIANCE ORDER CO #001 Plan of Care

**NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: FLTCA, 2021, s. 6 (7)

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

- 1) Conduct weekly meal audits to ensure two specified residents are receiving the adaptive aids identified in their plan of care for meal service, and
- 2) Document and continue the auditing until the compliance order has been complied through a follow up inspection.

### Grounds

The licensee failed to ensure that the care set out in the plan of care for two residents, was provided to the residents as specified in their plans.

### Rationale and Summary

Two residents required adaptive aids at meals and during observations, the residents did not receive their required adaptive aids. The Registered Dietitian (RD) and Director of Nutrition Services stated that the residents should have received the adaptive aids, as it was listed in their care plans.

There was increased risk to the residents related to not being provided the adaptive aids specified in their plans of care at meals.

**Sources:** Clinical records for two residents, including care plans and assessments; observations of the residents; and interviews with the RD and Director of Nutrition Services. [731]

**This order must be complied with by** December 4, 2023

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## **REVIEW/APPEAL INFORMATION**

### **TAKE NOTICE**

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP 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, email or commercial courier upon:

### **Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).