



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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 22, 2016	2016_463616_0012	006849-16	Follow up

Licensee/Titulaire de permis

AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC.
130 ELM STREET SUDBURY ON P3C 1T6

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

CEDARWOOD LODGE
860 GREAT NORTHERN ROAD SAULT STE. MARIE ON P6A 5K7

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

JENNIFER KOSS (616)

Inspection Summary/Résumé de l'inspection



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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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Loi de 2007 sur les foyers de
soins de longue durée**

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

This inspection was conducted on the following date(s): May 16-19, 2016

This Follow Up inspection was conducted as a result of Compliance Order (CO #001) issued previously during a Resident Quality Inspection #2016_281542_0003 related to the implementation of a system to monitor and evaluate the food and fluid intake of all residents, to ensure that all ordered nutritional supplements were available and provided to the required residents and staff were aware of the ordered supplements, and a weight monitoring system to measure and record monthly weight for each resident this included the necessary re-weighs according to the home's policy.

Concurrent inspections included Complaint inspection #2016_463616_0013, Critical Incident inspection #2016_339617_0019, and Other inspection #2016_339617_0020.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), the Resident Quality Manager (RQM), the Director of Support Services (DSS), maintenance staff, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members, and residents.

Observations were made of the home areas, and the provision of care and services to residents during the inspection. Many of the home's policies and procedures, and resident health records were reviewed.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Nutrition and Hydration
Personal Support Services**

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

**2 WN(s)
0 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 NO DE L'INSPECTEUR
O.Reg 79/10 s. 48. (1)	CO #002	2016_281542_0003	616
LTCHA, 2007 S.O. 2007, c.8 s. 8. (1)	CO #001	2016_281542_0003	616

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that interventions to mitigate and manage nutrition and hydration risks were implemented.

Inspector #616 reviewed the home's policy titled, "Hydration and Nutrition Monitoring", #VII-I-10.00, last revised January 2015, which indicated that the PSWs were responsible for documenting the residents' food and fluid consumption on the flow sheet for ongoing tracking.

The Director of Support Services (DSS) stated that the "Resident Daily Food and Fluid Intake" record was the flow sheet referred to in the policy to be utilized by staff.

During separate interviews, the Resident Quality Manager (RQM) and the DSS stated to the Inspector that staff were to document any nutritional supplements provided to the



residents on the flow sheet under the section "labeled item at..." for the appropriate meal or nourishment time. The DSS stated that this section was separated from the meal consumption section for tracking purposes to ensure that residents had received the required supplement.

During interviews with PSW #102 and RN #100, they stated that food and fluid monitoring was completed by the PSWs documenting meal consumption, including fluids and supplements on the residents' flow sheets.

The care plans and "Daily Food and Fluid Intake" records for residents #006 and #011 were reviewed by the Inspector related to nutritional supplements.

Resident #006's nutritional risk was identified in their current care plan in addition to an intervention to manage this risk. A nutritional supplement with a specific meal was ordered by the Registered Dietitian (RD) in January 2016, and was included in the care plan.

The Inspector reviewed resident #006's "Daily Food and Fluid Intake" record over a two month period and noted that there was no documentation that identified the provision of the nutritional supplement as per the RD's order in January 2016.

Resident #011's nutritional risk was identified in their current care plan in addition to an intervention to manage this risk. A nutritional supplement with a specific meal was ordered by the RD in May 2016, and was included in the care plan.

The Inspector reviewed resident #011's "Daily Food and Fluid Intake" record over a 19 day period, and noted that there was no documentation that identified the provision of the nutritional supplement as per the RD's order.

During an interview with PSW #103 during a meal service in May 2016, they stated to the Inspector that resident #011 did not receive any nutritional supplements. They stated that the nurse in the dining room told the PSW staff which resident received a nutritional supplement, and the kitchen staff had a list as well. The PSW stated that they documented and calculated the supplement separately on the flow sheet.

The DSS provided the current Supplement Reference list that was available to the PSWs and dietary staff. This document identified the nutritional supplements as ordered for resident #006 and #011. [s. 68. (2) (c)]

2. The licensee has failed to ensure that the organized program of nutrition care and dietary services included a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Inspector #616 reviewed the home's policy titled, "Hydration and Nutrition Monitoring", #VII-I-10.00, last revised January 2015, which indicated the PSWs were responsible for documenting the residents' food and fluid consumption on the flow sheet, and the registered staff were to review the flow sheets daily for undesirable trends and gaps over a 72-hour period.

During an interview with the Resident Quality Manager (RQM), related to the home's process of food and fluid monitoring, they stated that the PSWs recorded their assigned resident's intake on the flow sheet each shift, and then the night PSW calculated the daily total. The PSW identified with a red circle when fluid intake was less than the target goal. The RN monitored for trends over 72 hours, or three days. They also stated that for those identified residents, the registered staff should follow up with documentation in the resident's progress notes, and complete a dietary referral as appropriate.

In separate interviews, the RQM and the DSS stated to the Inspector that the registered staff were to sign the flow sheets daily after they reviewed them.

During interviews with PSW #102 and RN #100, they stated that food and fluid monitoring was completed by the PSWs documenting meal consumption, including fluids and supplements on the resident's flow sheets. They stated that each resident's fluid goals were indicated on the flow sheet that the night PSW reviewed daily. RN #100 reported that when the daily intake was less than the goal, it was circled in red by the PSW. Three circles signified to them that a nursing assessment was required.

The care plans and flow sheets for resident #006, #010, and #011 were reviewed by the Inspector related to food and fluid monitoring.

Resident #006's nutritional risk was identified in their current care plan along with a daily fluid target goal.

The flow sheets for two months were reviewed by the Inspector for resident #006. Daily fluid totals were not documented on three occasions. Further, the resident's documented daily fluid intake record had identified that their intake was less than the daily target goal



on two separate instances of three consecutive days during the reviewed months. As well, over these two months, the “Registered Staff Review” section was incomplete each day.

A review of the progress notes during this time period revealed no documentation by registered staff related to the trends of fluid intake less than the target goal as identified on the flow sheets.

Resident #010’s nutritional risk was identified in their current care plan related to intake of food and fluids. A daily fluid target goal was also care planned.

The flow sheets for two months were reviewed by the Inspector for resident #010. Daily fluid totals were not documented on four dates during that time. One meal consumption was not documented on three instances. Further, the resident’s documented daily fluid intake record had identified that their intake was less than the daily target goal on two separate instances of three or more consecutive days during the reviewed months. As well, over these two months, the “Registered Staff Review” section was incomplete each day.

A review of the progress notes during this time period revealed no documentation by registered staff related to the trends of fluid intake less than the target goal as identified on the flow sheets.

Resident #011’s nutritional risk was identified in their current care plan. A daily fluid target goal was also care planned.

The flow sheets over a five week period were reviewed by the Inspector. The daily fluid totals were not documented on seven dates during this review. As well, over this period the “Registered Staff Review” section was incomplete each day. [s. 68. (2) (d)]

3. The licensee has failed to ensure that the nutrition and hydration programs included a weight monitoring system to measure and record with respect to each resident, weight on admission and monthly thereafter.

Inspector #616 reviewed the monthly weight records for April and May 2016.

In April, 17 of 47 residents, or 36 per cent had a two kilogram (kg) or more variance documented from the previous month’s record. The “re-weight” column of the record was

incomplete for those residents with a documented weight variance for this month.

In May, 27 of 47 residents, or 68 per cent did not have the weight variance calculation documented from the previous month to the current month. Ten residents, or 21 per cent had a documented weight variance of two kgs or more, however, the "re-weight" column was incomplete for these residents.

The Inspector reviewed the home's policy titled, "Monitoring of Resident Weights", #VII-G-20.80, last revised January 2015. The policy stated that the PSW immediately reweighed any resident with a weight variance from the previous month of two kgs or more. It further stated that the registered staff recorded monthly weights or re-weights from the PSW documentation tool into the weights and vitals system of the electronic documentation system by the 10th of every month.

During an interview with RPN #101 they reported to the Inspector that the re-weigh trigger for staff was a two kg difference from the previous month. They stated the procedure was that the PSWs obtained the resident's weight, documented on the monthly weight record, and then registered staff document in the resident's electronic health record. The Inspector and the RPN reviewed the monthly weight records for April and May, and the RPN stated that the PSWs should have identified the difference of at least two kgs and re-weighed the residents. In addition, they added that when the registered staff entered the weight data, they should have asked for a re-weigh if it had not been done.

During an interview with PSW #102, they stated the weights were recorded monthly. They stated that staff should have looked at the previous documented weight for a variance of two kgs or more, then they would have known to re-weigh the resident. However, they reported that they were unaware of any weight variance that would trigger a re-weigh.

During an interview with RN #100, they stated that they were aware of a re-weigh policy, however they reported they were unsure of what the criteria to re-weigh a resident was.

The Resident Quality Manager (RQM) stated there should have been a documented re-weigh of all residents that had a documented variance of two kilograms or more from the previous weight as per policy. [s. 68. (2) (e) (i)]



Additional Required Actions:

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

The current care plan for resident #006 indicated their bathing preference and that staff were to refer to the bath list for days/times of the resident's assigned schedule.

Inspector #616 reviewed the bath list that identified each resident's assigned bath/shower days.

In the bath section of the resident's "Daily Care Flow Sheet", staff documented the specific care by using letters to represent the type of care provided on the resident's bath day, for example, tub=T, shower=S, or refused=R. They selected the level of assistance provided to the resident, and the number of staff required to provide this care. In addition, nail care, skin, and mouth observations were to have been checked as completed.

The Inspector reviewed the resident's "Daily Care Flow Sheet" records related to bathing. During this 10 week period, the resident was scheduled to have had 20 baths (two baths per week). On eight occasions, there was no documentation of whether the bath had been provided by staff as scheduled, or had been refused by the resident. On days when the baths had been documented on the "Daily Care Flow Sheets", it was incomplete on eight of the 10 weeks, or 80 per cent of the time.

The Inspector reviewed the home's policy titled, "Hygiene, Personal Care and Grooming", #VII-G-10.50, last revised January 2015, which stated that the PSW was responsible to document all hygiene and grooming, including bathing and skin care routines, oral and nail care on the home's specified documentation record.

During an interview with the RQM, they stated to the Inspector that the "Daily Care Flow Sheet" was the specified documentation record as referred to in the policy. They also stated that all care provided by staff during a resident's bath, and included if a resident had refused, should have been documented in the resident's "Daily Care Flow Sheets".
[s. 6. (9) 1.]



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 9th day of August, 2016

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

Original report signed by the inspector.



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

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JENNIFER KOSS (616)

Inspection No. /

No de l'inspection : 2016_463616_0012

Log No. /

Registre no: 006849-16

Type of Inspection /

Genre

d'inspection:

Follow up

Report Date(s) /

Date(s) du Rapport : Jun 22, 2016

Licensee /

Titulaire de permis : AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES
INC.
130 ELM STREET, SUDBURY, ON, P3C-1T6

LTC Home /

Foyer de SLD : CEDARWOOD LODGE
860 GREAT NORTHERN ROAD, SAULT STE. MARIE,
ON, P6A-5K7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Rudy Putton

To AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC., you are hereby
required to comply with the following order(s) by the date(s) set out below:



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

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

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

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(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:** 2016_281542_0003, CO #003;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

(b) the identification of any risks related to nutrition care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Order / Ordre :

The licensee shall:

a) Ensure staff are trained, retrained, and implement the home's nutrition and hydration policy and procedures related to the provision, documentation, and monitoring of food and fluid intake of all residents. This includes the provision, documentation and monitoring of nutritional supplements for the required residents.

b) Ensure staff are trained, retrained, and implement the home's policy related to the weight monitoring system to measure and record monthly weights for each resident, this includes the necessary re-weighs according to the home's policies.

Grounds / Motifs :

1. The licensee has failed to ensure that interventions to mitigate and manage nutrition and hydration risks were implemented.

Inspector #616 reviewed the home's policy titled, "Hydration and Nutrition Monitoring", #VII-I-10.00, last revised January 2015, which indicated that the PSWs were responsible for documenting the residents' food and fluid consumption on the flow sheet for ongoing tracking.

The Director of Support Services (DSS) stated that the "Resident Daily Food and Fluid Intake" record was the flow sheet referred to in the policy to be utilized by staff.

During separate interviews, the Resident Quality Manager (RQM) and the DSS stated to the Inspector that staff were to document any nutritional supplements provided to the residents on the flow sheet under the section "labeled item at..." for the appropriate meal or nourishment time. The DSS stated that this section was separated from the meal consumption section for tracking purposes to ensure that residents had received the required supplement.

During interviews with PSW #102 and RN #100, they stated that food and fluid monitoring was completed by the PSWs documenting meal consumption, including fluids and supplements on the residents' flow sheets.

The care plans and "Daily Food and Fluid Intake" records for residents #006 and #011 were reviewed by the Inspector related to nutritional supplements.

Resident #006's nutritional risk was identified in their current care plan in addition to an intervention to manage this risk. A nutritional supplement with a specific meal was ordered by the Registered Dietitian (RD) in January 2016, and was included in the care plan.

The Inspector reviewed resident #006's "Daily Food and Fluid Intake" record over a two month period and noted that there was no documentation that identified the provision of the nutritional supplement as per the RD's order in January 2016.

Resident #011's nutritional risk was identified in their current care plan in addition to an intervention to manage this risk. A nutritional supplement with a specific meal was ordered by the RD in May 2016, and was included in the care

plan.

The Inspector reviewed resident #011's "Daily Food and Fluid Intake" record over a 19 day period, and noted that there was no documentation that identified the provision of the nutritional supplement as per the RD's order.

During an interview with PSW #103 during a meal service in May 2016, they stated to the Inspector that resident #011 did not receive any nutritional supplements. They stated that the nurse in the dining room told the PSW staff which resident received a nutritional supplement, and the kitchen staff had a list as well. The PSW stated that they documented and calculated the supplement separately on the flow sheet.

The DSS provided the current Supplement Reference list that was available to the PSWs and dietary staff. This document identified the nutritional supplements as ordered for resident #006 and #011. [s. 68. (2) (c)] (616)

2. The licensee has failed to ensure that the organized program of nutrition care and dietary services included a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Inspector #616 reviewed the home's policy titled, "Hydration and Nutrition Monitoring", #VII-I-10.00, last revised January 2015, which indicated the PSWs were responsible for documenting the residents' food and fluid consumption on the flow sheet, and the registered staff were to review the flow sheets daily for undesirable trends and gaps over a 72-hour period.

During an interview with the Resident Quality Manager (RQM), related to the home's process of food and fluid monitoring, they stated that the PSWs recorded their assigned resident's intake on the flow sheet each shift, and then the night PSW calculated the daily total. The PSW identified with a red circle when fluid intake was less than the target goal. The RN monitored for trends over 72 hours, or three days. They also stated that for those identified residents, the registered staff should follow up with documentation in the resident's progress notes, and complete a dietary referral as appropriate.

In separate interviews, the RQM and the DSS stated to the Inspector that the registered staff were to sign the flow sheets daily after they reviewed them.

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*

During interviews with PSW #102 and RN #100, they stated that food and fluid monitoring was completed by the PSWs documenting meal consumption, including fluids and supplements on the resident's flow sheets. They stated that each resident's fluid goals were indicated on the flow sheet that the night PSW reviewed daily. RN #100 reported that when the daily intake was less than the goal, it was circled in red by the PSW. Three circles signified to them that a nursing assessment was required.

The care plans and flow sheets for resident #006, #010, and #011 were reviewed by the Inspector related to food and fluid monitoring.

Resident #006's nutritional risk was identified in their current care plan along with a daily fluid target goal.

The flow sheets for two months were reviewed by the Inspector for resident #006. Daily fluid totals were not documented on three occasions. Further, the resident's documented daily fluid intake record had identified that their intake was less than the daily target goal on two separate instances of three consecutive days during the reviewed months. As well, over these two months, the "Registered Staff Review" section was incomplete each day.

A review of the progress notes during this time period revealed no documentation by registered staff related to the trends of fluid intake less than the target goal as identified on the flow sheets.

Resident #010's nutritional risk was identified in their current care plan related to intake of food and fluids. A daily fluid target goal was also care planned.

The flow sheets for two months were reviewed by the Inspector for resident #010. Daily fluid totals were not documented on four dates during that time. One meal consumption was not documented on three instances. Further, the resident's documented daily fluid intake record had identified that their intake was less than the daily target goal on two separate instances of three or more consecutive days during the reviewed months. As well, over these two months, the "Registered Staff Review" section was incomplete each day.

A review of the progress notes during this time period revealed no documentation by registered staff related to the trends of fluid intake less than the target goal as identified on the flow sheets.

Resident #011's nutritional risk was identified in their current care plan. A daily fluid target goal was also care planned.

The flow sheets over a five week period were reviewed by the Inspector. The daily fluid totals were not documented on seven dates during this review. As well, over this period the "Registered Staff Review" section was incomplete each day. [s. 68. (2) (d)] (616)

3. The licensee has failed to ensure that the nutrition and hydration programs included a weight monitoring system to measure and record with respect to each resident, weight on admission and monthly thereafter.

Inspector #616 reviewed the monthly weight records for April and May 2016.

In April, 17 of 47 residents, or 36 per cent had a two kilogram (kg) or more variance documented from the previous month's record. The "re-weight" column of the record was incomplete for those residents with a documented weight variance for this month.

In May, 27 of 47 residents, or 68 per cent did not have the weight variance calculation documented from the previous month to the current month. Ten residents, or 21 per cent had a documented weight variance of two kgs or more, however, the "re-weight" column was incomplete for these residents.

The Inspector reviewed the home's policy titled, "Monitoring of Resident Weights", #VII-G-20.80, last revised January 2015. The policy stated that the PSW immediately reweighed any resident with a weight variance from the previous month of two kgs or more. It further stated that the registered staff recorded monthly weights or re-weights from the PSW documentation tool into the weights and vitals system of the electronic documentation system by the 10th of every month.

During an interview with RPN #101 they reported to the Inspector that the re-weigh trigger for staff was a two kg difference from the previous month. They stated the procedure was that the PSWs obtained the resident's weight, documented on the monthly weight record, and then registered staff document in the resident's electronic health record. The Inspector and the RPN reviewed the monthly weight records for April and May, and the RPN stated that the PSWs

should have identified the difference of at least two kgs and re-weighed the residents. In addition, they added that when the registered staff entered the weight data, they should have asked for a re-weigh if it had not been done.

During an interview with PSW #102, they stated the weights were recorded monthly. They stated that staff should have looked at the previous documented weight for a variance of two kgs or more, then they would have known to re-weigh the resident. However, they reported that they were unaware of any weight variance that would trigger a re-weigh.

During an interview with RN #100, they stated that they were aware of a re-weigh policy, however they reported they were unsure of what the criteria to re-weigh a resident was.

The Resident Quality Manager (RQM) stated there should have been a documented re-weigh of all residents that had a documented variance of two kilograms or more from the previous weight as per policy. [s. 68. (2) (e) (i)]

The decision to re-issue a Compliance Order was based on the scope of a pattern of on-going non-compliance issued in Resident Quality inspection report #2016_281542_0003 served to the home in February 2016. The severity level was determined to be a potential for actual harm as not implementing systems to mitigate nutrition and hydration risks has the potential to negatively affect the health of residents within the home. (616)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 07, 2016



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

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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des Soins de longue durée**

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

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
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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

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

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

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

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
Long-Term Care Inspections 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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de soins de longue durée*, L.O. 2007, chap. 8

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
Inspection de soins de longue durée
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.



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

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*

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

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*

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
Inspection de soins de longue durée
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 22nd day of June, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Jennifer Koss

Service Area Office /

Bureau régional de services : Sudbury Service Area Office