



**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**

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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
Mar 4, 2015	2015_190159_0002	H-001398-14	Complaint

Licensee/Titulaire de permis

ALBRIGHT GARDENS HOMES INC.
5050 Hillside Drive Beamsville ON L0R 1B2

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

ALBRIGHT GARDENS HOMES, INCORPORATED
5050 Hillside Drive Beamsville ON L0R 1B2

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 24, 26, 2015

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer(CEO), Chief Nursing Office (CNO), Resident Assessment Instrument (RAI) Coordinator, Registered Staff, personal support workers, Director of Dietary Services, dietary staff and Manager of Environmental Services

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Dining Observation

Food Quality

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

4 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 71. Menu planning



Specifically failed to comply with the following:

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) is approved by a registered dietitian who is a member of the staff of the home;
O. Reg. 79/10, s. 71 (1).**

**s. 71. (2) The licensee shall ensure that each menu,
(b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time.
O. Reg. 79/10, s. 71 (2).**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's planned menu cycle was reviewed and approved by a Registered Dietitian who is a member of the staff of the home. Review of the home's three week cycle menu currently served to the residents and the Director of Dietary Services interview confirmed the menu cycle was not reviewed and approved by the Registered Dietitian. [s.71.(1)(e)]

2. The licensee has failed to ensure that each menu provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exit from time to time.

A review of three week cycle menu indicated menu was not consistently varied and nutritious. Many of the entrees were repeated too closely in consecutive daily menu which resulted lack of variety.

Examples:

Week 1 menu cycle indicated Monday dinner sweet and sour turkey noodles, Tuesday lunch sliced turkey with Mediterranean salad and the following day Wednesday supper hot turkey sandwich listed on the planned menu. For three consecutive meals the same meat entrée was repeated and the menu lacked variety and spacing of food items.

Week 1 menu indicated Thursday lunch Farmer's Casserole and Wieners and beans Casserole were served at one meal and also Cabbage Casserole for dinner on the same day. All three entrees served on the same day were of soft texture. The meals were lacking variety in texture.



Week 2 menu cycle indicated Monday lunch menu tuna or/salmon salad and on the same day battered haddock served for dinner.

Week 2 Saturday turkey pot pie was served for dinner and a turkey sandwich on the following day Sunday lunch.

Week 2 Sunday same food form was served on the same day, bacon strips served for breakfast and sliced peameal bacon for lunch. There was a lack of variety for the meals that day.

Week 3 menu cycle indicated pancakes with link sausages for lunch meal, Oktoberfest sausage with apple sauce for dinner on the same day.

Many of the entrees on the same day of all weeks had different names but contain the same basic ingredients e.g. turkey pot pie and turkey sandwich, link sausage and Oktoberfest sausage, Sweet and sour casserole and chicken balls with sweet and sour sauce.

Some planned menu items served to residents were highly processed foods, for examples cured meats i.e deli cold cuts, sausages, wieners, ham, chicken fingers, and fish cakes. [s.71.(2)(b)]

3 The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

On February 24, 2015, the menu posted on 2 North/East outside the dining room had a notation on the menu "choice of whole wheat or white bread was to be served at each meal." The bread was not served to all residents at lunch. The bread was served only to those residents who had selected a choice of menu for cold sliced turkey salad plate. However, residents who were served a hot meal (beef and macaroni casserole) were not offered bread. Dietary staff confirmed the bread was not served or offered to all residents. [s. 71.(4)]

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 ensuring that the home's menu cycle, (e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1)(e)

Ensuring that each menu, provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time. O. Reg. 79/10, s.71(2)(b), to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) 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 O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that all food and fluids are prepared, stored and served using methods that preserved taste, nutritive values, appearance and food quality. [O.Reg.79/10,s.72(3)(a).

1)On February 24, 2015 food items served to residents at noon meal did not preserve the appearance, taste and quality. The meal served to residents receiving minced and pureed food did not appear to be appetizing and nutritious. The consistency of the minced beef and macaroni and green salad was more of puree texture. The entrée and the minced salad were runny on the plate. The pureed food items were noted to be running into each other and did not hold their form. Pureed foods that are too runny can be difficult for residents to swallow.

2)On February 24, 2015, the Director of Dietary Services indicated the process for minced and puree textured items was to prepare some textured items from products that were cooked during last cycle (three weeks prior) and then frozen. The items were

thawed, cooked, minced or pureed, panned, rethermed and then served, resulting in decreased quality and nutritive value. The preparation of foods several days in advance of the meal being served decreased the food quality by changing the food characteristics including the appearance, texture and flavour of the food. The nutritive value of the food was decreased and susceptibility of food contamination during the production process was increased with so many steps in the process of food preparation.

3)The Director of Dietary Services further confirmed that a dietary staff was assigned for preparing minced and puree foods for lunch and dinner. All texture modified menu items for dinner were prepared before 1300 hours to be served at 1700 hours. The prepared food is held over four hours before it is served in the evening. The preparing of foods too far in advance and holding too long before the service not only compromises the quality but also appearance, taste and the nutritive value.

4)Recipes for planned menu items were not consistently followed. On February 24, 2015, the dietary staff confirmed the recipe for minced and puree green salad was not followed. The ingredients specified in the recipes were not measured or weighed and some additional ingredients were added to the salad for enhancing the colour/ appearance. On February 24, 2015, dietary staff was observed preparing mince and puree cold food items. The recipes for minced and pureed salad did not call for adding thickener. However, when the inspector questioned the staff if any thickener was added to the minced and pureed green salad, the dietary staff reported that the thickener was added to the salad due to runny consistency. The staff did not follow the recipe which resulted in compromised food quality, altered flavour, texture and the nutrient content. The Director of Dietary Services interview confirmed the expectation was to staff follow recipes preparing all food items including minced and pureed food. [s.72(3)(a)]

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 ensuring 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, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that that the home had a dining and snack service that included communication of the seven-day and daily menus to residents. On February 24, 2015, outside the dining room on second floor North East regular week at glance menu was posted, however, therapeutics and the texture modified diets daily and the seven day menus were not available for resident viewing or communicated to residents. The Director of Dietary services confirmed that daily and the seven- day menu at glance was posted only for regular diets and not therapeutic and texture modified diets. [s.73.(1)1]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



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1. The licensee has failed to ensure that procedures were developed and implemented for cleaning and disinfection of specialized mattresses (air mattresses). The Director of Housekeeping and Laundry confirmed that the policy and procedures for cleaning and disinfection of specialized mattresses (air mattresses) were not developed and implemented. [s. 87.(2)(a)]

Issued on this 12th day of March, 2015

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

Original report signed by the inspector.