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

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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
Apr 14, 2015	2015_338147_0004	H-001832-15	Resident Quality Inspection

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF HALTON
1151 BRONTE ROAD OAKVILLE ON L6M 3L1

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

ALLENDALE
185 ONTARIO STREET SOUTH MILTON ON L9T 2M4

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

LALEH NEWELL (147), DARIA TRZOS (561), LAURA BROWN-HUESKEN (503), MELODY GRAY (123)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): February 19, 20, 23, 24, 25, 26, 27, March 3, 4, 5, 9, 24 and 25, 2015

H-000715-14
H-000957-14
H-001687-14
H-001785-14
Follow up Order - H-000620-14
H-001953-14 inspection severed - please see inspection # 2015_338147_0007

During the course of the inspection, the inspector(s) spoke with the inspector(s) spoke with Administrator, Director of Care (DOC), Resident Care Managers, Registered staff, Building Services Supervisor, Nutrition Services Supervisor, Dietary Aides, Cook, Personal Support Worker(PSW), Life Enrichment Therapist, Physiotherapist, Occupational Therapist, Resident and Family Council spokespersons, Residents and Families.

The Inspectors also toured the home, observed the provision of care and services, and reviewed documents including but not limited to: clinical health records, policies and procedures and meeting minutes.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Snack Observation
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
5 WN(s)
0 VPC(s)
2 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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 11. (2)	CO #001	2014_210169_0009	503

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee has failed to ensure that that staff use safe transferring and positioning devices or techniques when assisting residents.

Review of resident #203's home's internal investigation notes and interview with the registered staff, confirmed that while the resident was being transported in a wheelchair, the resident's leg became stuck under the wheelchair. The resident sustained injuries as a result of the incident and was sent to hospital for further assessment and treatment.

Interview with the physiotherapist and the nurse manager for the unit, both confirmed that the result of the resident's injuries was due to the staff not using safe transferring techniques by not applying the foot pedals on the wheelchair prior to transporting the resident. [s. 36.]

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 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. Non-compliance was previously issued as a VPC in May 2014.

The licensee failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

a) During the lunch meal service on Sykes House on March 9, 2015 the long-term care homes inspector observed the senior dietary aide to use a 4 ounce spoodle for serving the regular texture pasta with tomato and lentils, a #12 scoop for the regular and minced beef stew, and a #10 scoop for the turnip. The therapeutic spreadsheet could not be located in the dining room and the senior dietary aide indicated that a portioning chart is used to determine scoop sizes. A review of the therapeutic spreadsheet, located in the Sykes House dining room, directed staff to use a 6 ounce spoodle for serving the regular texture pasta with tomato and lentils, a 6 ounce spoodle for the regular beef stew, a #8 scoop for minced beef stew, and a 4 ounce spoodle for the turnip. For each of the menu items the serving utensil used during the meal was smaller than the utensil outlined in the therapeutic spreadsheet. An interview with the home's Nutrition Services Supervisor (NSS) revealed that the dietary aide should consult the therapeutic spreadsheet for directions related to meal item serving sizes. The NSS further confirmed that the residents were served smaller portion sizes of the identified items resulting in inadequate quantity and nutrient composition of the meal.
b) Directions located in the Syke's House servery directed staff to heat individual portions of puree items for 1 minutes and 50 seconds in the servery microwave. On February 19, 2015, puree corn was heated using the outlined method and was observed by the long-term care homes inspector to be dried out around edges and the puree spinach heated using the outlined method was observed to have separated into a solid portion of spinach with liquid surrounding the solids creating a choking risk. On March 9, 2015, the puree mashed potato, heated using the outlined method, were dried out around the edges of the portion and the puree turnip, heated using the outlined method, was discoloured. Interview with the home's Administrator and Nutrition Services Supervisor confirmed that the items [redacted] LA [redacted]. (503) Should be stirred prior to serving to residents in order to redistribute the moisture and texture.

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee failed to ensure shall ensure that there is a written plan of care for each resident that sets the planned care for the resident.

Review of resident #106's most current Continence Assessment completed by the registered staff was that the resident is incontinent of bladder and potential of bowel incontinence. The resident was put on a toileting routine throughout the day and was also assessed for the need of continence products.
Interviews with the nurse manager and review of the resident's written plan of care related to toileting and continence did not include the resident's assessed needs related to continence care. [s. 6. (1) (a)]

2. The licensee failed to ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

Review of resident #115's Minimum Data Set Resident Assessment Instrument (MDS RAI) for the last three quarters indicated the resident had been coded as requiring total assistance for personal hygiene. Interviews with PSWs revealed the resident has dentures and receives total assistance for cleaning them. The resident's plan of care indicated the resident required extensive assistance for personal hygiene and did not provide further direction for staff related to oral hygiene. An interview with the Manager of Resident Care confirmed that the resident's plan of care was not based on the assessed needs of the resident. [s. 6. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care is based on an interdisciplinary assessment of the sleep patterns and preferences of the resident.

The plan of care for resident #115 directs staff to provide total assistance for transferring. An interview with resident #115 revealed that the resident would prefer to get up in the morning at 0700 hours. PSWs and Registered Staff revealed in interviews that the resident requests to go to bed at approximately 2200 hours and were unaware of when the resident prefers to get out of bed in the morning. These preferences were not located in the resident's plan of care. An interview with the Manager of Resident Care confirmed that there was no documented assessment of the resident's sleep patterns and preferences and that the resident's preferences were not included in the plan of care. [s. 26. (3) 21.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

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 failed to ensure that the planned menu items are offered and available at each meal and snack.

During the lunch meal service on Sykes House on March 9, 2015, the residents were observed by the long-term care homes inspector to be served white buns and white bread with the beef stew. The posted menu indicated the meal included a whole wheat roll. The resident's who requested puree salad, were served pureed spinach. The therapeutic menu indicated the purees spinach was to be served with ranch dressing, which was not served. An interview with the Nutrition Services Supervisor confirmed that the planned menu was not provided. [s. 71. (4)]

Issued on this 17th day of April, 2015

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

Original report signed by the inspector.

Ministry of Health and Long-Term Care	Ministère de la Santé et des Soins de longue durée
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
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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LALEH NEWELL (147), DARIA TRZOS (561), LAURA BROWN-HUESKEN (503), MELODY GRAY (123)
Inspection No. / No de l'inspection :	2015_338147_0004
Log No. / Registre no:	H-001832-15
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Apr 14, 2015
Licensee / Titulaire de permis :	THE REGIONAL MUNICIPALITY OF HALTON 1151 BRONTE ROAD, OAKVILLE, ON, L6M-3L1
LTC Home / Foyer de SLD :	ALLENDALE 185 ONTARIO STREET SOUTH, MILTON, ON, L9T-2M4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CHERYL RAYCRAFT

To THE REGIONAL MUNICIPALITY OF HALTON, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that:

1. All staff use safe transferring and positioning devices or techniques when assisting resident while transporting residents in wheelchairs.

The plan to be submitted by May 15, 2015 via Email to laleh.newell@ontario.ca

Grounds / Motifs :

1. The licensee has failed to ensure that that staff use safe transferring and positioning devices or techniques when assisting residents.

Review of resident #203's home's internal investigation notes and interview with the registered staff, confirmed that while the resident was being transported in a wheelchair, the resident's leg became stuck under the wheelchair. The resident sustained injuries as a result of the incident and was sent to hospital for further assessment and treatment.

Interview with the physiotherapist and the nurse manager for the unit, both confirmed that the result of the resident's injuries was due to the staff not using safe transferring techniques by not applying the foot pedals on the wheelchair prior to transporting the resident. (147)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : May 29, 2015

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure that:

1) The pureed food is prepared in a manner to ensure that the food appears appetizing to residents receiving texture modified menu, and
2) A mechanism to ensure all staff who serve foods and fluids follow therapeutic spreadsheets is developed and implemented.

The plan to be submitted by May 15, 2015 via Email to Laura.Brown-Huesken@ontario.ca.

Grounds / Motifs :

1. The licensee failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

a) During the lunch meal service on Sykes House on March 9, 2015 the long-term care homes inspector observed the senior dietary aide to use a 4 ounce spoodle for serving the regular texture pasta with tomato and lentils, a #12 scoop for the regular and minced beef stew, and a #10 scoop for the turnip. The therapeutic spreadsheet could not be located in the dining room and the senior dietary aide indicated that a portioning chart is used to determine scoop sizes. A review of the therapeutic spreadsheet, located in the Sykes House dining room, directed staff to use a 6 ounce spoodle for serving the regular texture pasta with tomato and lentils, a 6 ounce spoodle for the regular beef stew, a #8 scoop for minced beef stew, and a 4 ounce spoodle for the turnip. For each of the menu items the serving utensil used during the meal was smaller than the utensil outlined in the therapeutic spreadsheet. An interview with the home's Nutrition Services Supervisor (NSS) revealed that the dietary aide should consult the therapeutic spreadsheet for directions related to meal item serving sizes. The NSS further confirmed that the residents were served smaller portion sizes of the identified items resulting in inadequate quantity and nutrient composition of the meal.
b) Directions located in the Syke's House servery directed staff to heat individual portions of puree items for 1 minutes and 50 seconds in the servery microwave. On February 19, 2015, puree corn was heated using the outlined method and was observed by the long-term care homes inspector to be dried out around edges and the puree spinach heated using the outlined method was observed to have separated into a solid portion of spinach with liquid surrounding the solids creating a choking risk. On March 9, 2015, the puree mashed potato, heated using the outlined method, were dried out around the edges of the portion and the puree turnip, heated using the outlined method, was discoloured. Interview with the home's Administrator and Nutrition Services Supervisor confirmed that the items [redacted]
[s. 72. (3) (a)] should be stirred prior to serving to residents in order to redistribute the moisture and texture. M.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 29, 2015

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

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.

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, 11e 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.

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 14th day of April, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : LALEH NEWELL

Service Area Office /
Bureau régional de services : Hamilton Service Area Office