

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date:</b> January 29, 2024	
<b>Inspection Number:</b> 2024-1163-0001	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Bay Haven Nursing Home Incorporated	
<b>Long Term Care Home and City:</b> Bay Haven Nursing Home, Collingwood	
<b>Lead Inspector</b> Daniela Lupu (758)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Kim Byberg (729)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: January 10-12, and 15-19, 2024

The following intake was inspected:

- Intake #00105515, related to Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration

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Residents' and Family Councils  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 20 (a)**

Communication and response system

s. 20 (a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee failed to ensure that the home was equipped with a resident-staff communication and response system that could be used by a resident.

### Rationale and Summary

A resident's call bell was not audible and did not light up in the hallway above their

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door when activated.

The home's Maintenance Manager acknowledged that the call bell was not functioning and replaced the cord immediately.

**Sources:** Observation in a resident's room, and interviews with a resident, a Personal Support Worker (PSW) and the Maintenance Manager. [729]

Date Remedy Implemented: January 10, 2024

## WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

When reassessment, revision is required

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that when a resident's dietary needs changed their plan of care was reviewed and revised.

### Rationale and Summary

A resident's plan of care documented that the resident needed specific adaptive devices for eating.

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Multiple observations of the meal service showed the resident did not have these adaptive devices.

The home's Food Service Supervisor (FSS) said the resident no longer needed these adaptive devices since their condition changed. They said the resident's plan of care was not updated, as required.

By not updating the resident's plan of care when their dietary needs changed, staff may not provide the required interventions.

**Sources:** observations of meal services, a resident's plan of care, the home's Master Diet List, and interviews with the FSS, Registered Dietician (RD) and other staff. [758]

## **WRITTEN NOTIFICATION: Windows**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

The licensee failed to ensure that the windows in two resident rooms that opened to the outdoors, which had a screen and were accessible to residents, could not be opened more than 15 centimeters (cm).

### **Rationale and Summary**

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Two resident rooms had windows that opened to the outside greater than 15 cm.

The home's Maintenance Supervisor stated that the device to lock the windows in place had been removed and the device had not been fixed.

**Sources:** observation of two residents rooms, and an interview with the Maintenance Supervisor. [729]

## **WRITTEN NOTIFICATION: Menu planning**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

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

### **Rationale and Summary**

The home's planned lunch menu for dessert documented two choices of dessert. During the lunch meal service on the same day, a resident was not offered any of the two choices of dessert from the planned menu. Additionally, one of the desserts was not available in all required textures.

On a separate occasion, during the lunch meal service, a resident was not offered one of the planned menu items. Additionally, two residents were not offered the drinks available at lunch service.

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The home's FSS said planned menu items should be offered to all residents. Dessert choices should be available in all textures and drinks should be also offered to the residents at all meals.

By not having available the dessert in all textures, limited residents' choice of the dessert items. By not offering the planned menu items to three residents, their nutritional needs may not be adequate, and their dining experience may not be satisfactory.

**Sources:** observations of lunch meal service, three residents' clinical records, the home's Master Diet List, and interviews with a Food Service Worker (FSW), the FSS and other staff. [758]

## **WRITTEN NOTIFICATION: Dining and snack service**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.**

Dining and snack service

s. 79 (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:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

The licensee has failed to ensure that the process through which staff were aware of the residents' diets, and special needs was followed for three residents.

## **Rationale and Summary**

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The home's process through which staff were aware of the residents' diets and special needs was to ensure the residents' plan of care and the home's master diet list were up-to-date and contained the same information. Dietary aides were observed reviewing the master diet list when serving meals to residents.

A. A resident's care plan documented different nutritional risk and diet texture than the home's master diet list.

On two separate occasions during the lunch meal service, the resident received a different texture than required for their meal.

The home's Registered Dietician (RD) confirmed that the resident should have been provided the texture as indicated in their care plan.

B. A resident's care plan documented a different level of assistance with eating than the home's master diet list.

Observations of meal services, showed the resident received the level of assistance as indicated in their care plan. .

C. A resident's care plan documented different nutritional risk and adaptive devices for eating than the home's master diet list.

Observations at two meal services, showed the resident did not have adaptive devices.

The home's FSS and the RD said the residents' care plans and the home's master diet list should have been updated to contain the same information.

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By not ensuring that plan of care and the home's master diet list for the residents were updated, staff may not provide them with the appropriate interventions.

**Sources:** observations of meal services, three resident's clinical records, the home's master diet list, and interviews with the home's FSS and the RD. [758]

## **WRITTEN NOTIFICATION: Dining and snack service**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that their lunch meal service included elements to ensure food and fluids were served at a temperature that was safe and palatable for the residents.

### **Rationale and Summary**

The home's food temperature record policy documented that prior to serving each meal and after the food was placed in the preheated tables, cooks would measure the temperatures of food products and record them in the appropriate space of the Daily Quality Assurance Record.

The Quality Assurance record policy, documented temperatures of food products and taste testing of foods were to be completed prior to meal service to ensure



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temperatures, quality and appearance of foods were acceptable.

On two separate occasions, the home's Daily Quality Assurance Record did not document the taste testing of any of the food items offered at lunch. On one occasion, the time when the food temperature was taken was not recorded.

Additionally, there were no temperatures recorded for hot drinks that were served during the two lunch services.

The home's FSS said staff should follow the home's policies related to food temperature and taste testing.

Staff not checking and tasting the food temperatures as indicated in the home's policies and not checking the hot drinks temperature before being served posed a potential risk of harm for all residents.

**Sources:** observations of the lunch service, the home's Daily Quality Assurance Records, Quality Assurance Record Policy, last revised in April 2019, Food temperature Record Policy, last revised in April 2019, interviews with a FSW, a Cook, and the home's FSS. [758]

## **WRITTEN NOTIFICATION: Dining and snack service**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.**

Dining and snack service

s. 79 (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:

7. Course by course service of meals for each resident, unless otherwise indicated

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by the resident or by the resident's assessed needs.

The licensee has failed to ensure that a lunch meal was served course by course to the residents.

**Rationale and Summary**

During a lunch meal service, five residents were not served the planned menu items course by course.

The home's FSS said meals should be served course by course.

Not serving meals course by course increased the risk that food was not served at the appropriate temperature and residents would not have a pleasurable dining experience.

**Sources:** observation of lunch meal service, a resident's care plan, the home's master diet list, an interview with the home's FSS. [758]

**WRITTEN NOTIFICATION: Dining and snack service**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)**

Dining and snack service

s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The licensee has failed to ensure that a resident was served a meal before a staff

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was available to provide the assistance required by the resident.

**Rationale and Summary**

A resident needed assistance from staff with eating.

On one occasion, the resident was served food and drinks when no staff was available to assist them.

The home's FSS said staff should not have served the meal until a staff was available to assist the resident with their meal.

By not assisting the resident with their meal when the food and fluids were served, increased the risk that their meal temperature may not be adequate, and the resident may not have a pleasurable dining experience.

**Sources:** a resident's care plan, the home's master diet list and an interview with the FSS.[758]

**WRITTEN NOTIFICATION: Additional training – direct care staff**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.**

Additional training – direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.

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The licensee has failed to ensure that all staff who provided direct care to the residents received training related to Falls Prevention and Management.

**Rationale and Summary**

The home's electronic annual training records related to falls prevention and management showed that 50 per cent of the agency nursing staff did not receive training.

The Director of Nursing (DON) said all staff should have completed the mandatory training related to falls prevention and management.

Failing to ensure that all direct care staff received appropriate training, may lead to staff not being aware of the home's process and may not provide the appropriate interventions when required.

**Sources:** the home's electronic training records for falls prevention and management and an interview with the DON. [758]

**WRITTEN NOTIFICATION: Additional training – direct care staff**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.**

Additional training – direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

2. Skin and wound care.

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The licensee has failed to ensure that all staff who provided direct care to the residents received training related to skin and wound care.

**Rationale and Summary**

Fifty per cent of the agency nursing staff did not receive training related to Skin and Wound Care.

The DON said all staff should have completed the mandatory training related to skin and wound care.

**Sources:** the home's electronic training records related to skin and wound care for agency direct care staff and an interview with the DON. [758]

**WRITTEN NOTIFICATION: Additional training – direct care staff**

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 261 (1) 4.**

Additional training – direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

4. Pain management, including pain recognition of specific and non-specific signs of pain.

The licensee has failed to ensure that all staff who provided direct care to the residents received training related to Pain Management.

**Rationale and Summary**

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Fifty per cent of the agency nursing staff did not receive training related to Pain Management.

The DON said all staff should have completed the mandatory training related to pain management.

**Sources:** the home's electronic training records related to pain management for agency direct care staff and an interview with the DON. [758]