



**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 prévue le Loi de 2007 les foyers de soins de longue**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 17, 22, 29, Sep 8, 2011	2011_088135_0004	Complaint

**Licensee/Titulaire de permis**

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

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

CARESSANT CARE ON MARY BUCKE  
4 MARY BUCKE STREET, ST. THOMAS, ON, N5R-5J6

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

BONNIE MACDONALD (135)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Services Manager, Environmental Services Manager, Activity Director, 2 Registered Practical Nurses, 4 Personal Support Workers and Health Care Aides, 2 cooks, 2 Dietary Aides, and 6 residents.

During the course of the inspection, the inspector(s) observed lunch and dinner meals August 17, 2011 and lunch August 18, 2011. The inspector reviewed, policies and procedures pertaining to the inspection, as well as minutes of meetings related to the inspection.

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observation

Food Quality

Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Definitions</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Définitions</b>  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. 73. Dining and snack service**
**Specifically failed to comply with the following subsections:**
**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.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

**Findings/Faits sayants :**

1. August 17, 2011, 12:53 in interview home's Activity Director confirmed the meal and snack times have not been reviewed with the Resident's Council.  
 August 17, 2011, 18:11 in review of the Resident Council meeting minutes from January to August 2011, the meal and snack times have not been reviewed with the home's Resident's Council.  
 August 17, 2011, 18:15 in interview home's Food Services Manager confirmed meal and snack times have not been reviewed with the home's Resident's Council. [O. Reg. 79/10,s. 73(1) 2.]
2. August 17, 2011, 12:31 observed during lunch service in main dining room, high risk resident, was not safely positioned when staff member stood to feed resident.  
 August 17, 2011, 17:15 observed during dinner service in north dining room, high risk resident, was not safely positioned when staff member stood to feed resident.  
 August 18, 2011, 12:35 in interview the Director of Nursing confirmed her expectation that residents requiring assistance be safely positioned while being fed by staff. [ O.Reg. 79/10, s. 73(1) 10.]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

Specifically failed to comply with the following subsections:

**s. 229. (4)** The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

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**Findings/Faits sayants :**

1. Aug 22, 2011 15:18 observed staff did not implement the home's Hand Hygiene policy, January 2009, when the following occurred:

Aug. 17, 2011, 13:21 during lunch service in main dining room, observed staff members assisting residents with eating and serving dessert without evidence of hand hygiene after handling dirty dishes.

August 17, 2011 13:37 in interview, home's Food Services Manager confirmed hand sanitizing was required by staff after removal of dirty dishes before returning to serve and/or feed residents.

**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 to ensure that all staff participate in the implementation of the infection control program , to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

Specifically failed to comply with the following subsections:

**s. 71. (2)** The licensee shall ensure that each menu,

(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and

(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).

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**Findings/Faits sayants :**

1. August 17, 2011, 17:15 observed during dinner service in main and north dining rooms the planned menu item, ham and potato scallop had large pieces of ham i.e. 1 inch by 3 inches. Observed some servings had 1 piece of ham, while others had 2 or more pieces of ham. Residents were not provided adequate nutrients and/or energy based on the current DRI's (Dietary Reference Intakes), as ham portion size was inconsistent between servings.

August 18, 2011, 12:15 reviewed the home's standardized recipe for ham and potato scallop which indicated ham was to be cubed.

August 18, 2011, 14:50 home's Food Services Manager confirmed she had observed the large pieces of ham, in ham and potato scallop and her expectation was the ham be cubed as per the home's standardized recipe. [O.Reg.79/10, s.71(2)(a)]

2. August 17, 2011, 12:22 and 13:21 observed during lunch service in home's main dining room the following menu items were not available as per the home's planned menu:  
garlic bread sticks and puree bread.

August 17, 2011, 13:22 in interview home's cook confirmed the puree bread had not been made as per the planned menu. Cook stated there were no bread sticks available and hamburg buns had been substituted for the bread sticks.  
[O.Reg.79/10,s.71.(4)]



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**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 planned menu items are provided at all meals and menu items provide adequate nutrients and energy based on the current Dietary Reference Intakes, to be implemented voluntarily.***

Issued on this 12th day of September, 2011

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

*Bonnie MacDonald*