

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: November 7, 2024

Inspection Number: 2024-1182-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.

Long Term Care Home and City: Lancaster Long Term Care Residence, Lancaster

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 24, 25, 30, 31, 2024 and November 1, 4, 5, 6, 7, 2024

The following intake(s) were inspected:

- Intake: #00130269 - Proactive Compliance Inspection (PCI)

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement

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Pain 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. 79 (1) 10.

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:

10. 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.

The licensee has failed to ensure that appropriate furnishings and equipment in resident dining areas, included dining room tables to meet the needs of multiple residents.

During the services, the residents were observed seated at the dining room table that did not meet the resident needs during that service. One resident's plan of care directed staff to use tabletop during the service as resident displayed identified symptom.

This was brought to staff, and Executive Director (ED)'s attention and the furnishing in the dining room

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were adjusted to meet the residents' needs.

Sources: Inspector's observation. Review of the residents' plan of care. Interview with staff members.
[502]

Date Remedy Implemented: November 6, 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 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the dietary interventions set out in a resident's plan of care was provided to the resident as specified in the plan.

The resident's dietary requirement and the plan of care directed staff to provide double portion of vegetables and half portion of starches.

Observation during identified services showed the resident was served an identified portions to meet the resident's dietary needs on two different days, which was acknowledged by a staff member. A Registered staff member indicated that the interventions were aimed to achieve the resident's specified nutritional goal.

Sources: Inspector's lunch observation. Review of resident's plan of care, resident's weight record, and interviews with staff members.

[502]