



**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**

**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 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 20, 2015	2015_190159_0010	H-001932-15	Complaint

Licensee/Titulaire de permis

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - MISSISSAUGA
2250 HURONTARIO STREET MISSISSAUGA ON L5B 1M8

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): May 5, 6, 2015

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Registered Staff, Food Service Manager, Registered Dietitian (RD), Personal Support Workers (PSWs) and dietary staff.

During the course of this inspection, the inspector observed meal service, reviewed relevant documents including, but not limited to: policies and procedures, meeting notes, menus, recipes and health records.

The following Inspection Protocols were used during this inspection:

Dining Observation

Nutrition and Hydration

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

4 WN(s)

3 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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (7).

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,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee had failed to ensure that the care set out in the plan of care was provided to resident #005 as specified in their nutrition plan of care.

The plan of care for resident #005 indicated they were to be provided and served modified diabetic diet and double servings of vegetables at lunch and dinner meals. During the lunch on May 5, 2015, the resident was served glazed salmon with regular portion of vegetables (peas). The resident did not receive double servings of vegetables. The PSW in an interview confirmed resident received regular serving of vegetable. [s. 6. (7)]

2. The licensee had failed to ensure that the plan of care was reviewed and revised at least every six months and at any other time when resident #006's care needs changed. December 2014 documented progress notes indicated readmission of resident #006 from the hospital. A dietary referral was made to the RD for reassessment of resident returning from the hospital with a significant change in health status.

The Dietary Minimum Data Set (MDS) assessment supplement notes documented by RD in January 2015 did not contain information to demonstrate that the resident's risk for dehydration and inadequate food intake were reassessed when the resident returned from the hospital. The RD identified that there had been no hydration risk and the daily fluid intake average 11x125 ml servings (1375ml/day) at meals and snack. The plan of care for resident #006 reviewed by the LTC Homes Inspector for January 2015 and an interview with the RD confirmed that the resident was not reassessed and the nutrition plan of care did not include hydration assessment and risks relating to hydration. The goals and interventions to minimize the risks for dehydration were not care planned.

The plan of care and the nursing notes documented in December 2014 had identified resident remained on palliative care, an advanced directive requested by the Power of Attorney (POA). However, the nutrition plan of care identified resident at moderate nutritional risk, on a regular diet and regular texture. The nutrition plan of care was not reviewed and revised to reflect the change in resident's status. During interview the RD confirmed the nutrition plan of care was not revised and the documentation did not reflect an evaluation of the effectiveness of nutrition and hydration program. [s. 6. (10) (b)]



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 care set out in the plan of care is provided to the resident as specified in the plan 2007, c. 8, s. 6 (7) ensuring that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (a) a goal in the plan is met; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10), to be implemented voluntarily.

WN #2: 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. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee had failed to ensure that a Registered Dietitian who is the member of the staff of the home had completed a nutritional assessment for resident #006 when there was significant change in resident's health condition. O.Reg. 79/10, s. 26 (4) (a)

December 2014 documented progress notes indicated readmission of resident #006 from the hospital. A dietary referral was made for reassessment of resident nutritional status.

Minimum Data Set (MDS) assessment for resident #006 was completed in January 2015, as result of a significant change in resident's health status. Under the section K: Oral/Nutritional Status sub section K4 (c) was coded for resident leaving 25% or more of

food uneaten most meals. Resident Assessment Protocol (RAP) triggered for Nutritional status was not completed. The impact of the problem on the resident eating poorly, not consuming adequate nutrition and the risk factors were not addressed in the RAP summary.

A review of clinical records identified that the RD responded the referral in January 2015. However, the documentation in progress notes and nutrition care plan did not reflect that the RD completed the nutritional assessment. An interview with the Registered Dietitian on May 7, 2015 confirmed resident's nutritional needs were not reassessed and the strategies and the interventions were not care planned.

The Registered Dietitian did not assess resident #006's hydration status and risks related to hydration when there was a significant change in residents' condition. O.Reg. 79/10, s. 26 (4) (b)

Review of resident's fluid intake record indicated resident's fluid intake most days was less than their assessed fluid needs. The documented fluid intake records (Point of Care electronic record)) for period of two months (December 2014 and January 2015) indicated that the resident consumed most days an average of 850 milliliter (ml) fluids a day. The RD had estimated fluid requirements for the resident 1150-1400 ml a day. For six consecutive days in December 2014 resident's fluid intake was less than 600 ml a day. The resident did not have hydration assessment before admitted to the hospital in December 2014.

The dietary Minimum Data Set(MDS)assessment supplement notes documented by RD in January 2015 did not contain information to demonstrate that the resident's risk for dehydration were assessed when the RD identified that there had been no hydration risk and the daily fluid intake average 11x125 ml servings (1375ml/day) at meals and snacks.

The plan of care for resident #006 reviewed by the LTC Homes Inspector for January 2015 and an interview with the RD confirmed that the plan of care under the nutrition and hydration program did not include hydration assessment and risks relating to hydration. The goals and interventions to minimize the risks for dehydration were not care planned. On May 7, 2015 interview with the RD confirmed that resident #006 did not have hydration assessment when resident returned from the hospital with a significant change in health status. [s. 26. (4) (a),s. 26. (4) (b)]



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 a registered dietitian who is a member of the staff of the home, (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4), to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee had failed to ensure that the food production system provided for recipes for all menus.

Not all recipes were consistent with the quantities of the menu items specified on the production sheet report. The recipes available for staff were not scaled and adjusted for the number of servings required for the planned menu.

On May 5, 2015 recipe used for salmon glazed with cream sauce was for 126 servings, however, the production report had identified total to be prepared 84 regular servings. The production sheet report had 28 servings of pureed beef, however, the recipe available was for 10 servings. The recipe available for minced hamburger on a bun was for 10 servings, the required servings specified on the production sheet report had 49 servings. The Food Service Manager interviewed confirmed the recipes were not scaled for the quantities of the menu items specified on the production sheet report. It was further verified that the food production numbers on the production sheet report of May 5, 2015 did not accurately reflect the required quantities to be prepared. [s. 72. (2) (c)]



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 food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2)., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**
 - 2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**
 - 3. Every resident has the right not to be neglected by the licensee or staff. 2007, c. 8, s. 3 (1).**
 - 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**
 - 5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).**
 - 6. Every resident has the right to exercise the rights of a citizen. 2007, c. 8, s. 3 (1).**
 - 7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care. 2007, c. 8, s. 3 (1).**
 - 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).**
 - 9. Every resident has the right to have his or her participation in decision-making respected. 2007, c. 8, s. 3 (1).**
 - 10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents. 2007, c. 8, s. 3 (1).**
 - 11. Every resident has the right to,**
 - i. participate fully in the development, implementation, review and revision of his**



or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible. 2007, c. 8, s. 3 (1).

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act. 2007, c. 8, s. 3 (1).

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. 2007, c. 8, s. 3 (1).

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately. 2007, c. 8, s. 3 (1).

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,



- vi. any other person inside or outside the long-term care home. 2007, c. 8, s. 3 (1).
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home. 2007, c. 8, s. 3 (1).
19. Every resident has the right to have his or her lifestyle and choices respected. 2007, c. 8, s. 3 (1).
20. Every resident has the right to participate in the Residents' Council. 2007, c. 8, s. 3 (1).
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. 2007, c. 8, s. 3 (1).
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available. 2007, c. 8, s. 3 (1).
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential. 2007, c. 8, s. 3 (1).
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints. 2007, c. 8, s. 3 (1).
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so. 2007, c. 8, s. 3 (1).
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible. 2007, c. 8, s. 3 (1).
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee had failed to ensure that the following rights of residents were fully respected and promoted: that every resident has the right to have his or her life style and choices respected. 3(1) 19

The licensee did not ensure that resident #001, #002, and #004 had their choices respected.

A)The plan of care for resident #001 indicated that they were to be provided vegetarian choice when pork was on menu and not to receive pork and pork products. During lunch on May 5, 2015, the resident was served yellow pea and ham soup. Resident #001 indicated to the Inspector that they did not eat pork due to religious practice and dietary restrictions and the PSW had served yellow pea and pork soup.

B)The plan of care for Resident #002 had specified that they were to be provided regular diet, regular texture with minced meat and not to receive pork. The plan indicated that they were to be offered vegetarian entrée when pork was on the menu. The dining serving report dated May 5, 2015 had also indicated "do not serve pork and pork products". On May 5, 2015 the resident was served pureed yellow pea and ham soup.

C)A review of the dining serving report and the plan of care had identified for resident #004 they were not to be served beef, pork and liver. During the lunch on May 5, 2015, the resident was served pureed yellow pea and ham soup.

The Food service Manager confirmed in an interview that resident #001, #002 and #004 did not receive their food choices as indicated in their plans of care.

The Food Service Manager further verified that PSWs were expected to refer to dining report before serving food to residents as these documents identify resident diet, food choices and preferences. [s. 3. (1)]

Issued on this 27th day of May, 2015

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

Original report signed by the inspector.