



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  
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 27, 2013	2013_108110_0010	T-1786-12	Complaint

**Licensee/Titulaire de permis**

COLLINGWOOD NURSING HOME LIMITED  
250 CAMPBELL STREET, COLLINGWOOD, ON, L9Y-4J9

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

COLLINGWOOD NURSING HOME  
250 CAMPBELL STREET, COLLINGWOOD, ON, L9Y-4J9

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

DIANE BROWN (110)

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

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

This inspection was conducted on the following date(s): June 6th and 10th, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistance Director of Care, Food Service Manager, Registered Nurses, Personal Support Workers, Housekeeping Aides and Administrative staff

During the course of the inspection, the inspector(s) Observed meal service, observed home environment, reviewed resident and home records, reviewed home policies and procedures.

The following Inspection Protocols were used during this inspection:



**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Dining Observation**

**Findings of Non-Compliance were found during this inspection.**

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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**



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**Specifically failed to comply with the following:**

**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:**

**6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

**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:**

**8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

**s. 73. (2) The licensee shall ensure that,**

**(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and O. Reg. 79/10, s. 73 (2).**

**s. 73. (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. O. Reg. 79/10, s. 73 (2).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that food and fluids are served at temperatures that are palatable to residents. At lunch on June 6th, 2013 hot foods were not served at temperatures considered palatable. Residents at high nutritional risk and non verbal were served hot pureed foods at 106, 113 and 123 degree Fahrenheit. Food Service Manager confirmed that these temperatures were not appropriate or hot enough and that the serving standard is 140 degree Fahrenheit. [s. 73. (1) 6.]

2. The licensee did not ensure that meals are served course by course unless otherwise indicated by the resident or the residents' assessed needs. At lunch June 6th, 2013 a number of residents were observed being served their hot entree while consuming soup. Residents requiring total assistance or cueing were identified to be starting their soup when their entree was served. Desserts were observed to be served during the time residents' were eating their soup or entree. Staff interviews confirmed that meals should be served course by course with staff removing the dishes between courses. [s. 73. (1) 8.]

3. The licensee did not ensure that no person simultaneously assists more than two residents who need total assistance with eating and drinking. At lunch on June 6th, 2013 a staff member was observed providing the required total assistance to four (4) residents at an identified table. Food was served well in advance of assistance and resident consumption. Hot foods were below the serving standard at the time of consumption. Residents experienced long delays between courses as 1 staff circled the table to assist 3 other residents. Staff interviews confirmed that staff do provide total assistance to four residents at a time. [s. 73. (2) (a)]

4. The licensee did not ensure residents who require assistance with eating or drinking are only served a meal when someone is available to provide assistance. At lunch June 6th, 2013 the following was observed.

Residents identified at table A requiring total assistance were served a meal well in advance of assistance provided. A resident at table B requiring constant encouragement and for a staff to remain with resident during meals was served soup with no assistance. The soup was not consumed. A resident at table C requiring intermittent encouragement and physical assistance was served soup at 12:08pm an entree at 12:17pm with no assistance or encouragement until 12:32pm. This identified resident did not consume any food during this time. [s. 73. (2) (b)]



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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 to ensure that residents' who require assistance with eating or drinking are only served a meal when someone is available to assist, to be implemented voluntarily.***

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Issued on this 27th day of June, 2013

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

*Diane Brown*

