

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007 Ministére 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

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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
Dec, 5, 6, 8, 9, 2011	2011_088135_0026	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.

55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

COLUMBIA FOREST

650 MOUNTAIN MAPLE AVENUE, WATERLOO, ON, N2V-2P7

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 Executive Director, Assistant Director of Care, Food Services Manager, Registered Nurse, 3 Personal Support Workers, Dietary Aide, and 4 residents.

During the course of the inspection, the inspector(s) reviewed staffing records, 6 resident clinical records, policies and procedures and observed lunch service in one home area.

The following inspection Protocols were used during this inspection:

Dining Observation

Nutrition and Hydration

Personal Support Services

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order	WN Avis écrit VPC Plan de redressement volontaire DR Alguillage au directeur CO Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
	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 subsections:

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).

Findings/Faits saillants :

1. December 6 2011, during lunch service in home dining room, observed residents did not receive the correct food or fluid as per their plans of care. Residents did not receive the correct food or fluid as per the Dining Servery Report, December 1, 2011:

Resident #1's diet indicates puree soup, resident received regular textured soup.

Resident #2's, diet states, limit milk to 125 mis. each at lunch and dinner observed resident received 250 mis. of milk, at lunch.

Resident #3 was not provided adaptive feeding cup for fluids at lunch as per Dining Servery Report.

Resident #4 on minced diet or puree diet PRN was served pom pom potatoes; not mashed potatoes as per posted menu for minced diets.

Resident #5's diet states encourage low calorie fluids, 125 mls. of milk at breakfast and dinner, observed resident was served 250 mls. of milk at lunch.

Resident #6 on regular minced diet received pom pom potatoes; not mashed potatoes as per the posted menu for minced diets.

Residents #7 and #8, both to receive 3 nectar thick fluids at lunch; observed both residents received 2 nectar thick fluid each at lunch.

December 6 2011, in interview home's Administrator and Dietary Manager, confirmed meal service audits were ongoing and areas for improvement are required to ensure residents receive the correct interventions as set out in resident's nutritional plans of care. [LTCHA, 2007, S.O. 2007, c.8, s.6(7)]

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 residents receive the correct food and fluid interventions as per the resident's nutritional plans of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing



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Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. In record review on home area, observed residents were not documented as receiving the minimum 2 baths/showers per week.

December 6 2011, in interview Assistant Director of Care confirmed residents did not have the documented minimum 2 baths/showers per week as per home's policy, Bath Record and Skin Checklist LTC-N-20-20.

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 documentation is completed to support residents have minimum of 2 baths/showers per week, to be implemented voluntarily.

Issued on this 9th day of December, 2011

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

Jonnie Mac Derald