



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection September 8, 9, 2010	Inspection No/ d'inspection 2010_171_1056_08Sep070453	Type of Inspection/Genre d'inspection Follow-up – Dietary – H01451
Licensee/Titulaire Revera Long Term Care Inc. 55 Standish Court 8th Floor, Mississauga ON, L5R 4B2 Fax: 289-360-1201		
Long-Term Care Home/Foyer de soins de longue durée Dover Cliffs, 501 St. George St., PO Box 430, Port Dover, ON, N0A 1N0 Fax: 519-583-3197		
Name of Inspector(s)/Nom de l'inspecteur(s) Elisa Wilson, LTC Homes Inspector, Dietary #171		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a dietary follow-up inspection in respect of previously identified unmet standards and criteria from the Long Term Care Homes Program Manual that applied when the home was governed by the Nursing Homes Act:

Complaint Inspection conducted February 21, 2008

M1.18

Nutrition Referral conducted September 22, 2008

P1.24

Dietary Follow-up conducted June 24, 2009

P1.14

P1.27

Special Visit conducted December 18, 2009

A1.6

B1.6

B2.4

During the course of the inspection, the inspector spoke with: the administrator, foodservices manager, dietitian, foodservice staff, registered staff, restorative care coordinator, front-line staff and residents.

During the course of the inspection, the inspector: reviewed production sheets and recipes, and resident's council minutes. Lunch service was observed in the 1st and 2nd floor dining rooms at lunch on September 8 and 9, 2010. Charts were reviewed both in hard copy and on the computer on both 1st and 2nd floors.

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection. The following action was taken:

[5] WN

[4] VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités



The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

The plan of care does not set out clear direction to staff for identified residents.

1. The nutrition section of the plan of care for Resident #1 indicates "see hypo/hyperglycemia care plan as well" however there is no documented section with this title. There is no documentation in the plan of care regarding insulin interventions when the resident refuses meals. The resident had two low blood sugars in August, 2010 with progress notes indicating she had been refusing dinner for three days previous to these readings.
2. There is a physician note for thickened fluids as tolerated for Resident #2 on August 10, 2010 however this diet order does not appear on the nutrition plan of care on August 25, 2010, nutrition quarterly assessment August 20, 2010 or the diet list being used during this visit on September 8 and 9, 2010. The progress notes indicate the resident is requiring and taking thickened fluids. The staff serving food in the dining rooms indicate they will thicken his fluid at the time of meal service when required. The plan of care for constipation includes interventions such as hot water, prune juice, and stewed prunes which would not be appropriate for his diet type of pureed, thickened fluids.
3. The plan of care does not set out clear direction for Resident #3. Under the section "Pressure Ulcers" there is a goal for the resident to "receive adequate nutrition to promote wound healing", however there are no interventions included for this goal. Wound healing is not included in the dietitian's section regarding Nutrition risk as a focus, goal or intervention. The Eating section indicates the resident just needs a divided plate as an adaptive aide however the dietitian section indicates a nose cup is needed as well.

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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 with LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c), to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b)

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, the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

1. Resident #2's care needs changed and a thickened fluid diet was ordered on August 10, 2010. There is no corresponding assessment of the level of thickening required (i.e., nectar-thick or honey-thick). A fluid intake of 1500-2000cc/day was ordered but no assessment of whether he is meeting this requirement.

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WN #3: The Licensee has failed to comply LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. Resident #4's plan of care and diet list indicate "no apples" as they have caused choking in the past. In September, 2010 the progress notes for this resident indicates he was given an apple for an afternoon snack which he choked on.

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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 with LTCHA, 2007, S.O. 2007, c.8, s.6(7), to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(9)1

The licensee shall ensure that the following are documented: The provision of the care set out in the plan of care.

Findings:

1. The provision of care as set out in the plan of care is not consistently documented for all residents. Resident #1 had two low blood sugars in August 2010 and Resident #4 had one low blood sugar, however documentation of the provision of care at those times is incomplete as per the Homes policy on Treatment of Hypoglycemia. Documentation of care was not detailed on the blood glucose monitoring sheet, progress notes or report notes.
2. Resident #4 is on sliding scale insulin. Documentation of the amount of insulin given is incomplete on the blood glucose monitoring sheet. The Medication Administration Record is also incomplete on August 9, 25 and 27, 2010 with no indication of insulin given, despite high blood glucose tests recorded in two of these instances.



Inspector ID #:	171
Additional Required Actions:	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s.6(9)1, to be implemented voluntarily.</p>	

<p>WN #5: The Licensee has failed to comply with O. Reg. 79/10, s.73(1) 6 and 9. 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. 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.</p>	
Findings:	
<ol style="list-style-type: none"> Not all foods are served at a temperature that is safe and palatable. The desserts at lunch on September 8, 2010 in the first floor dining room were left at room temperature on the beverage cart from the start of first seating at 1200h to the end of second seating at 1330h. The desserts were mixed berries and rice pudding. The temperature of the rice pudding at 1330h at the time it was served to residents was 69 F. The Homes policy is to hold cold foods at less than 39 F. According to the plan of care and diet sheet, Resident #3 requires a nose cup for fluids in order to safely drink as comfortably and independently as possible. He was provided with regular beverage glasses at lunch service on both September 8 and 9, 2010. He did not take any fluids on September 8, 2010 during lunch service. 	
Inspector ID #:	171
Additional Required Actions:	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with O. Reg. 79/10, s.73(1) 6 and 9, to be implemented voluntarily.</p>	

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.24, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 73 (1)11.			Nutrition Referral September 22, 2008	171



A1.6, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. 2007, c.8, s.3(1)11.			Special Visit December 18, 2009	171
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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Eloisa Wilson</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>12 Oct 2010</i>