



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

**Rapport d'inspection
prévues 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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Date(s) of inspection/Date de l'inspection June 2,3,6,7,8,9,14,16, 2011	Inspection No/ d'inspection 2011_162_2556_02Jun101532	Type of Inspection/Genre d'inspection Complaint T-1271
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Licensee/Titulaire
Chartwell Masters Care LP
100 Milverton Drive, Suite 700, Mississauga, Ontario, L5R 4H1

Long-Term Care Home/Foyer de soins de longue durée
The Gibson Long Term Care Centre
1925 Steeles Avenue East, North York, Ontario M2H 2H3

Name of Inspector(s)/Nom de l'inspecteur(s)
Tiina Tralman 162

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection

During the course of the inspection, the inspector(s) spoke with: Director of Resident Service, Director of Clinical Services, Administrator, Environmental Manager, Registered Dietitian, Corporate Dietitian, Food Service Supervisor, Cook, Dietary Aides, Personal Support Workers, Residents and Family members.

During the course of the inspection, the inspector(s): Reviewed Food Committee Minutes staffing schedule, observed operation of food service equipment, observed meal and snack service, reviewed daily menus.

The following Inspection Protocols were used in part or in whole during this inspection:

- Dining Observation
- Food Quality
- Sufficient Staffing

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

4 WN
1 VPC

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 O. Reg. 79/10, s. 75. (1) Every licensee of a long-term care home shall ensure that there is at least one nutrition manager for the home, one of whom shall lead the nutrition care and dietary services program for the home.

Findings:

1. There was no nutrition manager for the home, one of whom shall lead the nutrition care and dietary services program for the home between April 13, 2011 and June 12, 2011.

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WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 75. (3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities.

(4) For the purposes of subsection (3), but subject to subsection (5), the minimum number of hours per week shall be calculated as follows:

$$M = A \times 8 \div 25$$

where,

"M" is the minimum number of hours per week, and

"A" is,

(a) if the occupancy of the home is 97 per cent or more, the licensed bed capacity of the home for the week, or

(b) if the occupancy of the home is less than 97 per cent, the number of residents residing in the home for the week, including absent residents.

Findings:

1. There was no nutrition manager on site at the home working in the capacity of nutrition manager for the minimum number of hours for the following weeks of which the occupancy of the home was maintained at 97 per cent or more. The weekly hourly requirement for a nutrition manager based on 97 per cent or more occupancy is 64.64 hours:

- The actual nutrition manager hours for the weeks of April 11, 18, 25, May 2, 2011 was 44 hours. There was a shortfall of 20.64 hours per week.
- The actual nutrition manager hours for the weeks of May 9, 2011 was 48 hours. There was a shortfall of 16.64 hours per week.
- The actual nutrition manager hours for the weeks of May 16, 2011 was 47 hours. There was a shortfall of 17.64 hours per week.
- The actual nutrition manager hours for the weeks of May 23, 2011 was 32 hours. There was a shortfall of 32.64 hours per week.
- The actual nutrition manager hours for the weeks of May 30, 2011 was 41 hours. There was a shortfall of 23.64 hours per week.
- The actual nutrition manager hours for the weeks of June 6, 2011 was 56 hours. There was a shortfall of 8.64 hours per week.

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WN # 3: The Licensee has failed to comply with O. Reg. 79/10, s. 73. (1) 6 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.

Findings:

1. Food Committee Minutes reviewed indicates concern with coffee and tea served cold. During the food committee meeting, an identified resident stated that he "thinks that it's coming out like that."
2. Food Service Supervisor stated to inspector residents complained that the hot water was not hot. The home implemented an interim action plan to transfer hot water from the dispenser to the kettle to heat up to 180 degrees F before serving or ensure the temperature gauge on the machine was at 200 degrees before dispensing hot water or coffee.
3. Contracted repair services was on site and completed a work order to initiate replacement of the hot water boiler.
4. At an observed breakfast meal in the main dining room, identified residents indicated hot beverage temperatures were not palatable.
5. Food Service Supervisor stated she relies on the temperature gauge on the hot water/coffee dispenser machine when monitoring. Inspector probed dispensed coffee and found it to be 20 degrees F lower than what registered on the machine. Dispensed coffee temperature probed reading was 170 degrees F.
6. Inspector was advised and confirmed that the hot water boiler was observed as replaced.

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WN # 4: The Licensee has failed to comply with O. Reg. 79/10, s. 72. (3) (b) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,



(b) prevent adulteration, contamination and food borne illness.	
Findings:	
1. An identified resident stated to inspector that upon arrival for breakfast salad dressings (which accompany resident's regular lunch and dinner salad greens) were on the dining table. Inspector observed three bottles of salad dressings (including a cream based dressing) to be on resident's dining table and at room temperature. No other tables had salad dressings. Inspector notified Food Service Supervisor who immediately removed and discarded the salad dressings. Food Service Supervisor acknowledged the salad dressings should have been removed after dinner service and refrigerated.	
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Additional Required Actions:	
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 to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness, to be implemented voluntarily.	

WN # 5: The Licensee has failed to comply with O. Reg. 79/10, 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:	
1. An identified resident is provided a modified diabetic diet, maintenance according to the home's diet sheet. At an breakfast meal, resident complained to inspector not provided diabetic marmalade. Only regular marmalade was provided to the resident. A review of the home's menu indicates diet jam/jelly for residents provided a modified diabetic diet, maintenance plan. Registered Dietitian confirmed the menu plan requirement to inspector.	
Inspector ID #:	162

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.	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	