



**Ministry of Health and
Long-Term Care**

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

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

**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**

Ottawa Service Area Office
347 Preston St 4th Floor
OTTAWA ON L1K 0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston 4^{ième} étage
OTTAWA ON L1K 0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 23, 2015	2014_290551_0035	O-001305-14, O-001309-14	Complaint

Licensee/Titulaire de permis

NEW ORCHARD LODGE LIMITED
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE OTTAWA ON K2C 3S1

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

MEGAN MACPHAIL (551)

Inspection Summary/Résumé de l'inspection



**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**

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

**This inspection was conducted on the following date(s): December 31, 2014,
January 2 and 5, 2015**

Logs O-001305-14 and O-001309-14 were inspected.

**During the course of the inspection, the inspector(s) spoke with Residents,
Personal Support Workers, Registered Nursing Staff, a Housekeeper, an Activation
Staff Member, the Dietary Manager, the Registered Dietitian, the Support Services
Manager, the Director of Care and the Administrator.**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Nutrition and Hydration

Personal Support Services

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that Resident #01's plan of care set out clear directions regarding a food allergy.

Resident #01's health care record was reviewed. A specific allergy was noted in several documents including a fax correspondence prior to Resident #01's admission and in a Nutrition - Dietitian Assessment and an EO Nutrition - Dietary Profile completed after his/her admission to the home.

The Dietary Manager produced a handwritten diet card on which the specific allergy was indicated.

A review of the progress notes indicates that he/she consumed the food he/she was allergic to on two occasions since admission and was served this food on a specific day in November 2014 but it was not consumed.

PSW, Staff Member #101 was interviewed and stated that she was aware of Resident #01 having an allergy. She stated avoidance of this specific was not strictly enforced until November 2014. Activation Aide, Staff Member, #102 was interviewed and stated that she regularly prints diet cards and refers to them at events with food. She stated that she did not recall the diet card indicating that Resident #01 was allergic to the specific food until recently, and that she knew of the allergy because it was documented in the chart. On January 2, 2015, the diet card on the unit dated November 11, 2014 was reviewed and states that Resident #01 is allergic to the specific food.

Regarding documentation, as mentioned above, an allergy to the specific food was indicated in two nutritional assessments. A Nutrition Priority Screen was completed on several occasions since Resident #01's admission to the home and food allergies, food intolerances, food restrictions is not coded in any of the assessments. In the Resident Assessment Protocol (RAP) written in August 2014 for Assessment Protocol (AP) #12 Nutritional Status, there is no indication that Resident #01 is allergic to the specific food. In the RAP written in November 2014, he/she is described as very allergic to the specific food. Resident #01's dietary care plan was initiated following his/her admission to the home and did not indicate that he/she was allergic to the specific food until it was revised on a specific day in November 2014, and to provide an allergy free diet was added as an intervention.



**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**

On January 5, 2015, the Dietary Manager and Registered Dietitian were interviewed. The Dietary Manager stated that when an allergy is reported the expectation is total elimination of the allergen from the diet. The Registered Dietitian stated that initially upon admission, the resident's son was contacted and did not feel that precautions regarding the allergy were necessary, but that precautions were implemented a few weeks later at the insistence of the resident's daughter.

On January 23, 2015, the Registered Dietitian clarified that since admission there has been a notation on the diet card stating that the resident has an allergy, but that the allergy was treated as a sensitivity and no precautions were in place until after a specific day in November 2014 when interventions including a custom diet were implemented.

From admission to November 2014, Resident #01's plan of care plan did not set out clear directions regarding his/her food allergy. [s. 6. (1) (c)]

Issued on this 23rd day of January, 2015

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

Original report signed by the inspector.