



**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**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 26-27, 2010	2010_171_2673_26Oct104757	Dietary Follow-up L-01599
<b>Licensee/Titulaire</b> Fiddick's Nursing Home Limited, 437 First Avenue, P.O. Box 340, Petrolia ON, N0N 1R0		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Fiddick's Nursing Home, 437 First Avenue, P.O. Box 340, Petrolia ON, N0N 1R0		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Elisa Wilson, LTC Homes Inspector, Dietary (#171)		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a follow-up inspection related to 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:

Dietary Referral conducted December 2008.

- B2.4 – the plan of care will provide clear direction to staff
- B3.23 – identify and address problems related to nutrition
- P1.3 – menu cycle for regular and therapeutic diets
- P1.8 – alternative menu choices prepared and served
- P1.22 – portion sizes for menu items to be followed
- P1.23 – safe food temperatures

During the course of the inspection, the inspector spoke with: the director of care, foodservices manager, registered dietitians, registered staff, personal support workers, dietary staff and residents.

The inspector observed dinner, afternoon snack and supper service on October 26, 2010. The computerized plans of care for five residents were reviewed. The Home's policies on Nutrition Care Interventions and Diet Terminology (no Policy number), and Handwashing (Policy I-028) were requested and reviewed.

The following Inspection Protocols were used during this inspection:

Dining Observation  
Snack 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 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, (c) clear directions to staff and others who provide direct care to the resident.

**Findings:**

1. The diet order for Resident #1 is restricted diabetic. The interventions and last quarterly assessment indicate a modified diabetic diet. The diet binder in the servery and the list used for staff delivering snacks indicate a regular diet
2. The diet order for Resident #2 indicates very small portions. The diet binder in the servery and the list used for staff delivering snacks indicate regular portions. The plan of care interventions do not include portion size information.
3. The diet order and plan of care interventions for Resident #3 indicate a minced texture. The diet binder in the servery and the list used for staff delivering snacks indicate a cut-up texture.
4. The diet order, plan of care interventions and snack list for Resident #4 indicate a minced texture. The diet binder in the servery indicates pureed and minced textures.

**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 there is clear direction to staff who provide direct care to the resident, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with 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 #5 has a diet order for a pureed texture diet, however she was provided with a regular texture square at the afternoon snack pass on October 26, 2010.

**WN #3:** The Licensee has failed to comply with O. Reg. 79/10, s.26(4)(a). The licensee shall ensure that a registered dietitian who is a member of the staff of the home, (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition.

**Findings:**

1. There was not a full nutrition assessment, including all risks related to nutrition for Resident #3 when her health condition changed. It was documented on the Resident Assessment Protocol (RAP) in September 2010 and progress notes that the resident had developed small open areas. The RAP indicated it was a Stage II wound. There was no documented nutrition assessment indicating this risk factor.



**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 ensuring nutrition assessments are completed for residents when there is a change in health condition, to be implemented voluntarily.

**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. The afternoon snack on October 26, 2010 was not served using methods to prevent contamination. Although tongs were available, they were not used when picking out baked goods to serve to the residents. Hand washing did not occur between picking up dirty dishes, assisting residents and touching the snacks that were being delivered.

**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 foods are served using methods to prevent contamination, to be implemented voluntarily.

**WN #5:** The Licensee has failed to comply with O. Reg. 79/10, s. 73(1) 9 and 10. 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:

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.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

**Findings:**

1. Resident #5 was not provided with eating assistance at the afternoon snack as per the plan of care. The plan of care indicates full staff support for eating, however the resident was left alone in her room to consume her afternoon snack and beverage.
2. Proper techniques were not used to assist Resident #6 to consume the afternoon snack on October 26, 2010. The person providing assistance was not positioned at eye level with the resident while helping the resident consume a honey thickened beverage.
3. Resident #3 was provided with a snack the afternoon of October 26, 2010 while lying in bed. The bed was not repositioned to allow the resident to sit up while consuming the snack. There is a note on the snack list that this resident has acid reflux.
4. Resident #4's wheelchair was tilted back at about a 30 degree angle when the afternoon snack was provided. The resident was not repositioned to an upright position before consuming the snack. The



resident attempted to drink a beverage in this position which caused him to cough and he did not finish the beverage.

**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 in ensuring residents get assistance to eat and drink safely and that proper techniques are used when providing assistance, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.3, LTC Homes Program Manual, now found in O.Reg. 79/10, s.71(1)b.			Dietary Referral December 2008	135
P1.8, LTC Homes Program Manual, now found in O.Reg. 79/10, s.71(1)c			Dietary Referral December 2008	135
P1.22, LTC Homes Program Manual, now found in O.Reg. 79/10, s.72(1)			Dietary Referral December 2008	135
P1.23, LTC Homes Program Manual, now found in O.Reg. 79/10, s.73(1)6.			Dietary Referral December 2008	135

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>Elisa Wilson</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).  <i>29 Oct, 2010</i>