

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

**Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
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Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Mar 26, 2020	2020_657681_0001 (A1)	000540-20	Other

Licensee/Titulaire de permis

Finlandia Nursing Home Limited
c/o Sudbury Finnish Rest Home 233 Fourth Avenue SUDBURY ON P3B 4C3

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

Finlandia Hoivakoti Nursing Home
233 Fourth Avenue SUDBURY ON P3B 4C3

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

Amended by STEPHANIE DONI (681) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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An extension to the Compliance Due Date (CDD) has been requested and approved. The amended CDD is April 30, 2020.

Issued on this 26th day of March, 2020 (A1)

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

Original report signed by the inspector.

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

Amended by STEPHANIE DONI (681) - (A1)

Amended Inspection Summary/Résumé de l'inspection

**Inspection Report under
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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): January 13-17, 2020.

This inspection was a Sudbury Service Area Office initiated inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Resident Assessment Instrument (RAI) Coordinator, Director of Dietary, Dietary Services Supervisor, Registered Dietitians (RDs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Cooks, Dietary Aides, and residents.

The Inspector also conducted a tour of the resident care areas, reviewed relevant resident care records and home policies, and observed resident rooms, resident common areas, and the delivery of resident care and services, including staff to resident interactions.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

**4 WN(s)
2 VPC(s)
2 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>Légende</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 O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).**

Findings/Faits saillants :

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1. The licensee has failed to ensure that the home's menu cycle was approved by a registered dietitian (RD) who was a member of the staff of the home.

During resident interviews, residents #004, #005, #008, #009, #010, #011, and #012, voiced concerns about the taste and/or temperature of their meals. Please refer to WN #2 and WN #4.

During an interview with the Director of Dietary, they stated that a new Fall/Winter menu had been implemented, but there was no documentation to support that the menu had been approved by one of the home's RDs.

The Inspector reviewed the home's Dietary Services policy titled "Planning" (Policy Number: SS-DS-MP-01), which indicated that upon a change to the home's menu, the dietitian shall:

- Review the menu compared to Canada's Food Guide and review the nutrient analysis compared to the Recommended Nutrient Intakes for Canadians;
- Make recommendations as required and submit them to the Food Services department head;
- When the menu was satisfactory, approve the menu by submitting a written approval that was dated and signed to the Food Services department head.

During separate telephone interviews with RD #113 and RD #114, they stated that they had not reviewed the home's menu.

During a telephone interview with RD #115, they stated that they received a copy of the home's menu and that they "looked at" the menu. RD #115 stated that they were unable to formally evaluate the menu because they did not have access to the nutritional analysis of the menu. RD #115 stated that they did not look at the home's therapeutic or textured modified menus and that they did not provide anything in writing to indicate that the regular menu had been reviewed. [s. 71. (1) (e)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A1)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

**s. 11. (1) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents; and 2007, c. 8, s. 11. (1).
(b) an organized program of hydration for the home to meet the hydration needs of residents. 2007, c. 8, s. 11. (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that there was an organized program of nutrition care and dietary services for the home that met the daily nutrition needs of the residents.

During resident interviews, residents #004, #005, #008, #009, #010, #011, and #012, voiced concerns about the taste and/or temperature of their meals.

Section 68 (2) (a) of the Ontario Regulation 79/10 identifies that, as part of the organized program of nutrition care and dietary services required under clause 11 (1) (a) of the Act, the licensee must ensure that the program included policies and procedures related to nutrition care and dietary services that were developed and implemented in consultation with a registered dietitian (RD), who was a member of the staff of the home.

During an interview with the Director of Dietary, they stated that most of the

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home's dietary services and nutrition care policies had been reviewed by themselves and the Dietary Services Supervisor in the past year, but that the home's RDs had not been involved in reviewing these policies.

During telephone interviews with RD #113, #114, and #115, they each stated that they had not been involved in the development and implementation of all of the home's policies and procedures related to nutrition care and dietary services.

The Inspector reviewed a document titled "Support Services – Nutrition Care, Dietary Services, and Hydration Annual Evaluation Record 2018", which identified that the home's RDs were not part of the evaluation process that occurred in January 2019.

During an interview with the DOC, they verified that only the Administrator, Director of Dietary, Dietary Services Supervisor, and an employee who was previously in the Food Service Department, participated in the 2019 evaluation of the Nutrition and Hydration Program.

2. Section 71 (2) (a) of the Ontario Regulation 79/10 indicates that the licensee shall ensure that each of the home's menus provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs).

The Inspector reviewed the production sheets for three days of the home's menu cycle and identified the following:

- On one of the dates, the serving size for one of the pureed lunch entrées was a #10 scoop, or 95 millilitres (mL), but the serving size for the other pureed lunch option was a #12 scoop, or 80 mL.
- On another date, the serving size for one of the regular textured entrées was six-fluid ounces, or 175 mL. However, the serving size for the same minced and pureed entrée was 125 mL.

During an interview with the Director of Dietary, they acknowledged that residents were being "shorted" on the nutritional content of their meal. The Director of Dietary stated that a nutritional analysis of the menu had not been completed and they did not have any nutritional information for the menu items that were being served.

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During a telephone interview with RD #115, they stated that they were unable to formally evaluate the nutritional adequacy of the home's menu because they did not have access to the nutritional analysis for the menu. RD #115 stated that the nutritional analysis was especially important for evaluating the nutritional adequacy of the pureed and minced menus.

3. The Inspector reviewed the production sheets for three days of the home's menu cycle. The production sheets identified that the following diets were available in the home: Regular/No Added Salt, Minced, Pureed Dysphagia 1, Dysphagia 2 & 3, Diabetic, Reducing Low Fat, High Energy, and No Milk.

The Inspector reviewed the Dietary Services policy titled "Resident Diets" (Policy Number: SS-DS-NC-05), which was last revised July 24, 2018. The policy indicated that the following diets were available on a regular basis: Regular (No Added Salt and Low Fat), Soft, Diabetic (Liberalized), High Energy (and Protein), and No Milk. The policy also indicated that vegetarian and renal diets were available when required, and that guidelines were available for dysphagia, low residue, cardiac, anti-reflux, gluten free, clear fluid, and full fluid diets.

During an interview with RD #115, they stated that the home had the following diets available: regular, diabetic, high energy, cardiac restriction (low fat/low sodium), minced, and pureed.

During an interview with RD #114, they stated that the home had the following diets available: regular, no added sugar, high protein/high calorie, cardiac restriction (low fat/low sodium), lactose restriction, anti-reflux, minced, and pureed.

During an interview with RD #113, they stated that the home had the following diets available: regular, modified diabetic, renal, diced, minced, and pureed.

During an interview with the Director of Dietary, they stated that the Dysphagia 2&3 diet, was being prescribed by the RDs in the home, but that the home did not use this diet. The Director of Dietary also stated that the home did not have a certain specified therapeutic diet and that it was up to the cook's discretion as to what they prepared for residents who required the specified diet. [s. 11. (1) (a)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A1)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

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1. The licensee has failed to ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were reassessed at least weekly by a member of the registered nursing staff.

Residents #001, #006, and #007 were identified as having areas of altered skin integrity.

The Inspector reviewed the medical records for residents #001, #006, and #007 and identified that wound measurements were not completed on certain specified weeks.

The Inspector reviewed the home's policy titled "Skin Care and Wound Management" (Policy Number: NCP – 78), which indicated that registered staff were to measure wounds using an accurate and appropriate measuring tool initially, weekly, and as needed.

During separate interviews with RPN #104 and RPN #120, they stated that wound measurements were to be completed weekly.

During an interview with RN #122, who was the Skin and Wound Lead for the home, they stated that wound measurements were to be completed weekly, as part of the wound care progress note.

During an interview with the DOC, they stated that wounds were to be measured weekly, as part of the wound assessment. The DOC stated that resident #001, resident #006, and resident #007, did not consistently have wound measurements completed weekly and this should have occurred. [s. 50. (2) (b) (iv)]

Additional Required Actions:

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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 that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 74. Registered dietitian

Specifically failed to comply with the following:

s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

Findings/Faits saillants :

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1. The licensee has failed to ensure that a RD, who was a member of the staff of the home, was on site at the home for a minimum of 30 minutes per resident per month.

A home with a licensed bed capacity of 112 residents would require a RD to be on site for a minimum of 56 hours per month.

The Inspector reviewed RD invoices for the period of September 2019, to December 2019, and identified that RD #113, RD #114, and RD #115 worked a combined total of 45.75 hours in September, 40.25 hours in October, 47.75 hours in November, and 53 hours in December.

During an interview with the Director of Dietary, they stated that they were aware that the required RD hours were not being met. The Director of Dietary stated that they had brought this forward to RD #113, RD #114, and RD #115 at a meeting in December.

During an interview with the DOC, they stated that the home had been at maximum occupancy from September 2019, to December 2019. The DOC acknowledged that the home was not meeting the required number of on site RD hours. [s. 74. (2)]

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 that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month, to be implemented voluntarily.

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durée**

Issued on this 26th day of March, 2020 (A1)

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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Long-Term Care Inspections Branch
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Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by STEPHANIE DONI (681) - (A1)

**Inspection No. /
No de l'inspection :** 2020_657681_0001 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 000540-20 (A1)

**Type of Inspection /
Genre d'inspection :** Other

**Report Date(s) /
Date(s) du Rapport :** Mar 26, 2020(A1)

**Licensee /
Titulaire de permis :** Finlandia Nursing Home Limited
c/o Sudbury Finnish Rest Home, 233 Fourth
Avenue, SUDBURY, ON, P3B-4C3

**LTC Home /
Foyer de SLD :** Finlandia Hoivakoti Nursing Home
233 Fourth Avenue, SUDBURY, ON, P3B-4C3

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Angela Harvey

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To Finlandia Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /**No d'ordre:** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- (d) includes alternative beverage choices at meals and snacks;
- (e) is approved by a registered dietitian who is a member of the staff of the home;
- (f) is reviewed by the Residents' Council for the home; and
- (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :

The licensee must be compliant with s. 71 (1) (e) of the Ontario Regulation 79/10.

Specifically, the licensee must ensure that the home's registered dietitians (RDs) review and approve the home's menu, including the menus for therapeutic and texture modified diets. Documentation of the who participated in the review and the changes that were implemented, must be maintained.

Grounds / Motifs :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

1. The licensee has failed to ensure that the home's menu cycle was approved by a registered dietitian (RD) who was a member of the staff of the home.

During resident interviews, residents #004, #005, #008, #009, #010, #011, and #012, voiced concerns about the taste and/or temperature of their meals. Please refer to WN #2 and WN #4.

During an interview with the Director of Dietary, they stated that a new Fall/Winter menu had been implemented, but there was no documentation to support that the menu had been approved by one of the home's RDs.

The Inspector reviewed the home's Dietary Services policy titled "Planning" (Policy Number: SS-DS-MP-01), which indicated that upon a change to the home's menu, the dietitian shall:

- Review the menu compared to Canada's Food Guide and review the nutrient analysis compared to the Recommended Nutrient Intakes for Canadians;
- Make recommendations as required and submit them to the Food Services department head;
- When the menu was satisfactory, approve the menu by submitting a written approval that was dated and signed to the Food Services department head.

During separate telephone interviews with RD #113 and RD #114, they stated that they had not reviewed the home's menu.

During a telephone interview with RD #115, they stated that they received a copy of the home's menu and that they "looked at" the menu. RD #115 stated that they were unable to formally evaluate the menu because they did not have access to the nutritional analysis of the menu. RD #115 stated that they did not look at the home's therapeutic or textured modified menus and that they did not provide anything in writing to indicate that the regular menu had been reviewed.

The severity of this issue was determined to be a level three, as there was actual risk to the residents of the home. The scope of the issue was a level three, as it was identified to impact all of the residents in the home. The home had a level two compliance history, as they had no previous non-compliance with this section of the Ontario Regulation. (681)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Apr 30, 2020(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre: 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8,

s. 11. (1) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nutrition care and dietary services for the home to
meet the daily nutrition needs of the residents; and
(b) an organized program of hydration for the home to meet the hydration
needs of residents. 2007, c. 8, s. 11. (1).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with s. 11 (1) (a) of the Long-Term Care Homes Act.

Specifically, the licensee must:

- a) Ensure that the home's registered dietitians (RDs) are involved in the development, implementation, and evaluation of the home's policies and procedures related to nutrition care and dietary services. Documentation of the who participated in the evaluation and what changes were made must be maintained.
- b) Conduct a review of all the diet types and textures available in the home. The home's dietitians must participate in this review and documentation of the review must be maintained.
- c) Ensure that the home's menu cycle includes menus for all the therapeutic and texture modified diets that are implemented following the review completed in Part b).
- d) Complete an evaluation to ensure that all of the home's menus, including textured modified menus, provide adequate nutrients, fibre, and energy based on the current Dietary Reference Intakes.

Grounds / Motifs :

1. The licensee has failed to ensure that there was an organized program of nutrition care and dietary services for the home that met the daily nutrition needs of the residents.

During resident interviews, residents #004, #005, #008, #009, #010, #011, and #012, voiced concerns about the taste and/or temperature of their meals.

Section 68 (2) (a) of the Ontario Regulation 79/10 identifies that, as part of the organized program of nutrition care and dietary services required under clause 11 (1) (a) of the Act, the licensee must ensure that the program included policies and procedures related to nutrition care and dietary services that were developed and implemented in consultation with a registered dietitian (RD), who was a member of the staff of the home.

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

During an interview with the Director of Dietary, they stated that most of the home's dietary services and nutrition care policies had been reviewed by themselves and the Dietary Services Supervisor in the past year, but that the home's RDs had not been involved in reviewing these policies.

During telephone interviews with RD #113, #114, and #115, they each stated that they had not been involved in the development and implementation of all of the home's policies and procedures related to nutrition care and dietary services.

The Inspector reviewed a document titled "Support Services – Nutrition Care, Dietary Services, and Hydration Annual Evaluation Record 2018", which identified that the home's RDs were not part of the evaluation process that occurred in January 2019.

During an interview with the DOC, they verified that only the Administrator, Director of Dietary, Dietary Services Supervisor, and an employee who was previously in the Food Service Department, participated in the 2019 evaluation of the Nutrition and Hydration Program.

2. Section 71 (2) (a) of the Ontario Regulation 79/10 indicates that the licensee shall ensure that each of the home's menus provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs).

The Inspector reviewed the production sheets for three days of the home's menu cycle and identified the following:

- On one of the dates, the serving size for one of the pureed lunch entrées was a #10 scoop, or 95 millilitres (mL), but the serving size for the other pureed lunch option was a #12 scoop, or 80 mL.
- On another date, the serving size for one of the regular textured entrées was six-fluid ounces, or 175 mL. However, the serving size for the same minced and pureed entrée was 125 mL.

During an interview with the Director of Dietary, they acknowledged that residents were being "shorted" on the nutritional content of their meal. The Director of Dietary stated that a nutritional analysis of the menu had not been completed and they did

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not have any nutritional information for the menu items that were being served.

During a telephone interview with RD #115, they stated that they were unable to formally evaluate the nutritional adequacy of the home's menu because they did not have access to the nutritional analysis for the menu. RD #115 stated that the nutritional analysis was especially important for evaluating the nutritional adequacy of the pureed and minced menus.

3. The Inspector reviewed the production sheets for three days of the home's menu cycle. The production sheets identified that the following diets were available in the home: Regular/No Added Salt, Minced, Pureed Dysphagia 1, Dysphagia 2 & 3, Diabetic, Reducing Low Fat, High Energy, and No Milk.

The Inspector reviewed the Dietary Services policy titled "Resident Diets" (Policy Number: SS-DS-NC-05), which was last revised July 24, 2018. The policy indicated that the following diets were available on a regular basis: Regular (No Added Salt and Low Fat), Soft, Diabetic (Liberalized), High Energy (and Protein), and No Milk. The policy also indicated that vegetarian and renal diets were available when required, and that guidelines were available for dysphagia, low residue, cardiac, anti-reflux, gluten free, clear fluid, and full fluid diets.

During an interview with RD #115, they stated that the home had the following diets available: regular, diabetic, high energy, cardiac restriction (low fat/low sodium), minced, and pureed.

During an interview with RD #114, they stated that the home had the following diets available: regular, no added sugar, high protein/high calorie, cardiac restriction (low fat/low sodium), lactose restriction, anti-reflux, minced, and pureed.

During an interview with RD #113, they stated that the home had the following diets available: regular, modified diabetic, renal, diced, minced, and pureed.

During an interview with the Director of Dietary, they stated that the Dysphagia 2&3 diet, was being prescribed by the RDs in the home, but that the home did not use this diet. The Director of Dietary also stated that the home did not have a certain specified therapeutic diet and that it was up to the cook's discretion as to what they prepared for residents who required the specified diet.

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The severity of this issue was determined to be a level three, as there was actual risk to the residents of the home. The scope of the issue was a level three, as it was identified to impact all of the residents in the home. The home had a level two compliance history, as they had no previous non-compliance with this section of the LTCHA. (681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Apr 30, 2020(A1)

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2007, c. 8

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foyers de soins de longue durée*, L.O.
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

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Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 26th day of March, 2020 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by STEPHANIE DONI (681) - (A1)

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**Service Area Office /
Bureau régional de services :**

Sudbury Service Area Office