

**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie 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 |
|------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------------------------|
| Jan 4, 2022 | 2021_866585_0015 | 017587-21 | Complaint |

Licensee/Titulaire de permis

Foyer Richelieu Welland
655 Tanguay Ave Welland ON L3B 6A1

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

Foyer Richelieu Welland
655 Tanguay Avenue Welland ON L3B 6A1

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

LEAH CURLE (585)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): December 8, 9, 13, 14 and 15, 2021 (on-site) and December 10, 2021 (off-site).

The complaint (log #017587-21) was related to nutrition and hydration, food quality, food production and meal service.

During the course of the inspection, the inspector(s) spoke with residents, screeners, housekeeping staff, Personal Support Workers, registered nursing staff, dietary staff, the Food Service Manager (FSM), Registered Dietitian (RD), Director of Care (DOC) and Chief Administrative Officer (CEO).

During the course of the inspection, the inspector toured the home, observed care and services provided to residents, food production and meal service, infection prevention and control practices, reviewed relevant policies and procedures, clinical health records, recipes, menus, production sheets, staff schedules and other relevant documents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

Infection Prevention and Control

Nutrition and Hydration

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

6 WN(s)

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

Specifically failed to comply with the following:

- s. 6. (10) 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,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their care needs changed in relation to a risk issue.

In 2021, one resident experienced incidents that presented actual risk of harm. They were reassessed and required changes to their plan of care; however, at the time of the inspection, their plan of care did not include the known risk and interventions in place to prevent harm.

Failure to review and revise the plan of care presented a potential risk to the resident as there was no direction to inform staff about the issue and interventions needed to reduce risk.

Sources: a resident's clinical record, interview with Food Service Manager (FSM). [s. 6. (10) (b)]

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 and 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the home's food temperature monitoring procedures were complied with.

LTCHA, 2007, s. 11 (1)(a) requires an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents.

O. Reg. 79/10, s. 68 (1)(a) and O. Reg. 79/10, s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services.

Specifically, staff did not comply with the home's "Point of Service - Temperature" policy. The policy required dietary staff to record point of service temperatures of all menu items prior to the start of meal service and initiate corrective action if temperatures do not fall within acceptable ranges. Cold foods were to be served at a maximum of 4 degrees Celsius.

Temperature logs did not include record of temperatures for all hot and cold menu items. Some cold food items were noted to be outside acceptable temperature limits and there was no documentation to show whether corrective action was taken.

The Food Service Manager (FSM) confirmed temperatures of all menu items were to be recorded and documented.

Failure to monitor and document food temperatures presented a potential risk to residents as it was a method to promote food safety and food quality.

Sources: the home's policy, "Point of Service Temperature, Document #01-02-19" updated September 16, 2021, production sheets from December 1 - 8, 2021, interview with the FSM. [s. 8. (1) (b)]

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 and ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

**WN #3: 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).**

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

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.

The FSM and home's RD confirmed that the menu cycle was not approved by an RD who was a member of the staff of the home.

Failure to ensure the menu cycle was approved by an RD who was a staff of the home presented a potential risk of harm to residents; as their approval ensures the menu cycle meets dietary needs of residents and considers factors such as, but not limited to, texture modified diets, allergies, intolerances and other requirements as set out in LTCHA, 2007, and O. Reg. 79/10.

Sources: interview with the RD and the FSM. [s. 71. (1) (e)]

2. The licensee has failed to ensure that planned menu items were offered at each meal.

During the inspection, beverages were placed at table settings in the south dining area prior to residents' arrival for meal service. Dietary staff followed a drink preference list; however, residents were not offered a choice of what to drink at each meal.

Residents were not offered choice between hot and cold cereal during a breakfast meal service in the south dining area. Yogurt was also on the planned menu and available but was not offered to all residents. The FSM confirmed the planned menu items were available but not offered.

Sources: a lunch observation, a breakfast observation, interview with a resident and the FSM. [s. 71. (4)]

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 and ensure that the home's menu cycle is approved by a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food
production****Specifically failed to comply with the following:**

**s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72
(2).**

**s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s.
72 (2).**

**s. 72. (3) 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. O. Reg. 79/10, s. 72
(3).**

Findings/Faits saillants :

1. The licensee has failed to ensure there were standardized recipes for all menus and production sheets for all menu items.

A) Some menu items prepared and served during the inspection did not have standardized recipes. These items included turkey casserole, garden mixed vegetables and pureed toast. Pureed toast served contained chunks of bread and required chewing to swallow. The prepared toast was mixed with maple syrup, and pooled on the plate when served.

Failure to have standardized recipes for all menu items presented potential risk to residents; as there was no direction to ensure consistency in food production so that foods were prepared to meet the dietary and safety needs of the residents.

Sources: meal observations; interview with the FSM and dietary staff.

B) Production sheets were inconsistent with what was on the planned menu for December 8, 2021.

i) The planned menu listed fried eggs for breakfast. The production sheet did not include how many minced and/or pureed portions were required for the south dining room. It also noted pureed muffin was to be prepared.

The FSM noted pureed muffins were not a planned menu item and confirmed the production sheets should have included how many servings of texture modified eggs were required for the south dining room.

ii) The daily posted menu for lunch listed cream of chicken soup. The lunch production sheet and weekly menu noted garden vegetable soup was to be produced. The FSM reported chicken soup was on the planned menu.

The FSM acknowledged the production sheets were outdated and did not accurately reflect food production needs for the home.

Sources: production sheets for December 8, 2021, week 3 menu, daily menu for December 8, 2021, interview with the FSM. [s. 72. (2) (c)]

2. The licensee has failed to ensure menu items were prepared according to the planned menu.

On a date during the inspection, tuna salad sandwich, Caesar salad, and high protein soup were on the planned menu for lunch and peas were on the planned menu for supper.

i) Tuna salad sandwich filling served contained tuna, red pepper, green pepper, red onion, salt, pepper and mayonnaise; however, the recipe listed celery, parsley and lemon juice and did not include salt. Dietary staff used an incorrect scoop size when portioning the sandwich filling onto the bread. The pureed tuna sandwich served contained red chunks. The recipe noted the pureed item was to be smooth and not lumpy.

ii) Minced Caesar salad served contained chunks of bacon that were large and chewy. The recipe noted the item was to be soft in texture and easy to chew. Pureed Caesar salad served did not carry flavour of Caesar dressing and contained chunks of lettuce. The recipe stated the pureed item was to be smooth and not be lumpy. Dietary staff confirmed they did not follow the recipes.

iii) The home's recipe for high protein soup directed 1.5 cups of skim milk powder to be

added to 4 cups of the soup of the day to yield 8 servings. Dietary staff preparing the soup added an unmeasured amount of skim milk powder to an unmeasured amount of chicken soup.

iv) Peas prepared for supper contained diced onion and unmeasured amounts of salt and oregano. The recipe did not call for these ingredients.

The FSM confirmed dietary staff were expected to follow standardized recipes to ensure all menu items were prepared according to the planned menu.

Failure to follow standardized recipes and prepare menu items according to the planned menu had potential risk of harm to residents, as texture modified foods were not prepared to an appropriate consistency, high protein soup did not contain the correct amount of protein and other items and ingredients may have been inappropriate for a resident's diet order.

Sources: observation of food production and lunch meal service, tuna salad sandwich recipes, Caesar salad recipes, pea recipe, high protein soup recipe, interview with dietary staff and the FSM. [s. 72. (2) (d)]

3. The licensee has failed to ensure that all foods were prepared and served using methods to prevent contamination.

i) During the inspection, a dietary staff did not clean their hands when handling different food items/switching tasks, touching soiled dishes or items when it was required. The staff confirmed hand hygiene should have been performed between handling products and changing tasks.

iii) During the inspection, a dietary staff prepared food directly beside a sink that contained buckets of cleaning agents. Another dietary staff was observed pouring the cleaning agents into the sink, leaving potential to splash and contaminate the prepared food.

Not performing hand hygiene when indicated during food preparation and meal service and preparing foods near cleaning agents increased potential for risk for contamination.

Sources: observations of food preparation and meal service, interview with dietary staff and the FSM. [s. 72. (3) (b)]

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 and ensure the food production system must, at a minimum, provide for standardized recipes and production sheets for all menus, preparation of all menu items according to the planned menu; and all food and fluids in the food production system are prepared, stored, and served using methods to 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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

During meal and snack observations, not all residents were offered hand hygiene before and/or after eating.

The Director of Care (DOC) confirmed the home had implemented the Just Clean your Hands program and it was best practice that residents be encouraged and offered hand hygiene before and after eating meals and snacks. The home's Hand Hygiene policy stated residents should be encouraged or assisted to perform hand hygiene prior to eating.

Failure to offer and assist residents with hand hygiene before and/or after eating increased potential risk of transmission of infection.

Sources: Home's policy, "Hand Hygiene", dated July 1, 2014; observations of meal and snack service, interview with the DOC. [s. 229. (4)]

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 and ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) 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:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the daily breakfast menu was communicated to residents.

On December 8 and 9, 2021, the daily breakfast menu was not posted outside the dining rooms. This was confirmed by the FSM.

Sources: observation of menu boards, interview with the FSM. [s. 73. (1) 1.]

Issued on this 6th day of January, 2022

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

Original report signed by the inspector.