



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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*

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BARBARA NAYKALYK-HUNT (146), CAROL POLCZ
(156)

Inspection No. /

No de l'inspection : 2013_214146_0016

Log No. /

Registre no: H-002182-12, H-002195-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Apr 10, 2013

Licensee /

Titulaire de permis : GRACE VILLA LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

LTC Home /

Foyer de SLD : GRACE VILLA NURSING HOME
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur : LYNETTE TYLER

To GRACE VILLA LIMITED, you are hereby required to comply with the following
order(s) by the date(s) set out below:



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Order # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_066107_0008, CO #005;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :



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The licensee must prepare, submit and implement a plan that outlines how the home will ensure that all 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, if clinically indicated. This plan is to be submitted by May 15, 2013 to Long Term Care Inspector Barbara Naykalyk-Hunt, Ministry of Health and Long Term Care, Performance and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario L8P 4Y7, e-mail Barbara.Naykalyk-Hunt@ontario.ca and copy to Carol.Polcz@ontario.ca

Grounds / Motifs :

1. The licensee did not ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds were assessed at least weekly by a member of the registered nursing staff, if clinically indicated.
 - a. Resident 002 has a long-standing wound. According to the health record, weekly wound assessments were missed/not completed the weeks of November 12, 2012, December 10, and 24, 2012, January 21, 28, February 4, 2013. The wound was not assessed for a period of 27 days between January 19th and February 16th, 2013.
 - b. Resident 005 had a stage 2 wound discovered and assessed in January 2013. The next assessment was 12 days later and not again for 18 days. This information was confirmed by the health record, the DOC and wound care nurse.
 - c. Resident 006 had a wound since October 2012. Assessments reviewed since November 1, 2012 revealed that in November 2012 the assessment stated there were 2 wounds. There are no further assessments of the wound until a head to toe assessment is done 19 days later.
 - d. Resident 009's records indicate a wound was discovered in January 2013. An assessment was done the following day and not again for 13 days when the wound was documented as deteriorating.
Previously issued September 7, 2010 as a VPC and CO; May 24, 2011 as a CO and August 24, 2012 as a CO. (146)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 15, 2013



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Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_066107_0008, CO #001;
2012_066107_0008, CO #003;

Pursuant to / Aux termes de :

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. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that the care set out in the plan of care for all residents related to nursing care, nutritional care, meal and snack services will be provided to the residents as specified in their plans.

The plan is to be submitted via email by May 15, 2013 to Long Term Care Inspector: Carol Polcz, Ministry of Health and Long-Term Care, Performance and Compliance Branch, 119 King Street West, 11th floor, Hamilton, Ontario L8P 4Y7, email Carol.Polcz@ontario.ca

Grounds / Motifs :

1. The licensee failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan.

At the observed lunch meal in March 2013

a) Two residents were provided with nosey cups to assist with drinking, however, these were not indicated on the individual plans of care (residents 010 and 022)

b) The care plan for resident 023 indicated that the resident was not to receive pork. During a lunch meal in March 2013, the resident was not provided or offered a second choice for the meal as the second option contained pork (pork pot pie).

c) Small portion interventions were indicated on the care plans for residents 025 and 026, however, both residents were provided with regular portions.



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During the PM snack pass in March 2013:

- a) Three residents requiring a diabetic diet was provided regular juice which was not consistent with their plans of care (035, 037 and 040).
- b) One resident requiring a diabetic diet was provided sugar in their coffee which was not consistent with the residents' plan of care (036).
- c) One resident requiring a regular diet was provided diet juice which was not consistent with the resident's plan of care (039).
- d) One resident requiring not to have caffeine was provided with caffeinated coffee which was not consistent with the resident's plan of care (038).

At the observed lunch meal in March 2013:

- a) Two residents requiring a high fibre intervention of 125 ml prune juice at lunch were not provided the intervention (residents 020 and 024).
- b) Three residents with nutrition interventions of 175 ml homogenized milk were not provided with this (residents 020, 022 and 023).
- c) Two residents were provided with nose cups to assist with drinking, however, these were not indicated on the individual plans of care (residents 010 and 022)
- d) Resident 023 was provided with Boost supplement, however, the care plan indicated that the resident dislikes Resource 2.0 in one area and to provide 125ml Resource fruit beverage in another area.
- e) Resident 027 was provided with two handled cup for fluids although this was not indicated on the resident's care plan. The care plan indicated that a lip plate was to be provided at all meals, however, this was not provided.
- f) The care plan for resident 028 indicated that the resident was to be provided with specialized device at meals, however, this was not provided.
- g) Small portion interventions were indicated on the care plans for residents 025, 026, and 032, however, all three residents were provided with regular portions.
- h) The care plan for resident 030 indicated that the resident was to be provided with a mug at meals for fluids, resident does better with a mug rather than a glass; however the resident was provided with 2 glasses of nectar thickened fluids
- i) Resident 032 was observed entering the dining room at 145pm in March 2013 where the staff had kept a meal for the resident; the resident's care plan indicated that the resident was to be provided with scrambled eggs at each meal, however, the resident was provided with potato strata as per the regular menu. (156)



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2. The licensee did not ensure that care set out in the plan of care was provided to the resident as specified in the plan.
- i. the plan states that resident 002 is to have a special device placed in left hand at all times when up. The resident was observed to be up in chair with no device in left hand.
 - ii. the plan stated to toilet resident 002 before and after meals and at bedtime. The resident states that resident is taken to the bathroom only first thing in the morning and not again during the day.
 - iii. The plan states to check resident 002 every 3 hours for incontinence. The resident states these checks do not take place. The information in the above 3 findings were confirmed by the resident, the health record and the staff.
 - iv. the plan of care for resident 005 states that resident is to have heel poseys on both feet whenever in bed and the bed to be in the lowest position. The resident was observed in February 2013 in bed and had socks but no heel poseys applied to either foot. The bed was not in the lowest position. This information was confirmed by the health record and observation of the resident.

Previously issued June 8, 2010 under the Nursing Home Act s. 20; September 7, 2010 as a CO under 6(7); November 30, 2010 as a VPC; May 24, 2011 as a CO; September 12, 2011 as a CO and August 24, 2012 as a CO. (146)

This order must be complied with by /

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Order # /
Ordre no : 003

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_066107_0008, CO #002;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that residents are reassessed and their plan of care reviewed and revised at any other time when b) the resident's care needs change or the care set out in the plan is no longer necessary and c) the care set out in the plan has not been effective.

The plan is to be submitted via email by May 15, 2013 to Long Term Care Inspector: Carol Polcz, Ministry of Health and Long-Term Care, Performance and Compliance Branch, 119 King Street West, 11th floor, Hamilton, Ontario L8P 4Y7, email Carol.Polcz@ontario.ca

Grounds / Motifs :



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1. The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at any time when the resident's care needs change or care set out in the plan is no longer necessary or care set out in the plan has not been effective.

a) The care plan for resident 020 indicated that encouragement or cueing was to be provided during meals, however, as observed during the lunch meal in March 2013, the resident required total feeding assistance. The change in the resident care needs was not assessed and updated in the resident's care plan.

b) The care plan for resident 029 indicated that the resident required supervision with minimal set up or assistance, however, on 2 days in March 2013, the resident required extensive encouragement and/or feeding assistance as the resident consumed a minimal amount of both solids and fluids. The change in the resident care needs was not assessed and updated in the resident's care plan.

c) Resident 033 was not reassessed and the plan of care reviewed and revised when care needs changed. The resident returned from hospital in February 2013. The DOC confirmed that there was no reassessment completed and the plan of care was not reviewed and revised related to the resident's status despite the resident returning to the home with a diagnosis affecting nutritional care.

d) Resident 034 was not reassessed and the plan of care reviewed and revised when care needs changed. The resident returned from hospital in February 2013. As confirmed by the DOC, a reassessment by the Registered Dietitian was not completed and the plan of care was not reviewed and revised related to the resident's status despite the resident returning to the home with a diagnosis affecting nutritional requirements. Previously issued under the Nursing Homes Act section 20.10 related to unmet criteria B2.4 and B1.6 January 7, 2010; previously issued as s. 6 (10) (b) on November 3, 2010 as a VPC; February 1, 2011 as a CO; May 24, 2011 as a CO for both (b) and (c) and on July 24, 2012 as a CO for both (b) and (c). (156)

This order must be complied with by /

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Order # /
Ordre no : 004 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_066107_0008, CO #004;

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 :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that there is an organized program of hydration for the home to meet the hydration needs of the residents.

The plan is to be submitted via email by April 15, 2013 to Long Term Care Inspector: Carol Polcz, Ministry of Health and Long-Term Care, Performance and Compliance Branch, 119 King Street West, 11th floor, Hamilton, Ontario L8P 4Y7, email Carol.Polcz@ontario.ca

Grounds / Motifs :

1. The licensee of the long term care home failed to ensure that there was an organized program of hydration for the home to meet the hydration needs of the residents.

The home Daily food and fluid intake monitoring policy (effective January 2012) in place during the inspection was not followed. Home policy indicated that staff were to track fluid not consumed and that if the resident was not meeting their calculated fluid requirements for 3 days, a referral would be made to the Nutrition Manager or Registered Dietitian using the Dietary Referral Form on Point Click Care computer system. Also, immediate action was to take place to promote consumption for those not meeting their food or fluid requirements by nursing staff until the RD can assess. The policy was not followed as confirmed by the FSM and DOC for the following residents for the time frame specified.

a) According to the fluid intake sheets for Resident 032 for a month in February



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and March 2013, the resident was below the calculated fluid requirements of 1275 ml/day on all days except for three days. The DOC and FSM confirmed that there was no referral made regarding the resident's hydration status during this time.

b) Resident 020 was not meeting calculated fluid requirements of 1025 ml/day for the same month on all days except four days. The DOC and FSM confirmed that there was no referral made regarding the resident's hydration status during this time.

c) Resident 030 was not meeting calculated fluid requirements of 1250 ml/day for a month on all days except five days. The DOC and FSM confirmed that there was no referral made regarding the resident's hydration status during this time.

Four residents were observed by the inspector consuming differing (less than) amount of fluids during the lunch meal in March 2013 than recorded by staff on the fluid intake sheets.

a) Resident 029 was observed having consumed no fluids, however, 400 ml was recorded on the fluid intake sheet.

b) Resident 025 was observed having consumed 100 ml, however, 550 ml was recorded on the fluid intake sheet.

c) Resident 010 was observed having consumed 300 ml, however, 550 ml was recorded on the fluid intake sheet.

d) Resident 028 was observed having consumed 175 ml however, 550 ml was recorded on the fluid intake sheet.

Previously issued under the Nursing Homes Act section 20.10 related to unmet criteria B3.25 January 7, 2010 and B3.29 May 18, 2010 under the Long Term Care Homes Program Manual; previously issues as s. 68 (2) (3) May 24, 2011 as a VPC and on July 24, 2012 as a CO . (156)

This order must be complied with by /

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Order # /
Ordre no : 005 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_066107_0008, CO #008;

Pursuant to / Aux termes de :

O.Reg 79/10, 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.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
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.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

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The licensee must prepare, submit and implement a plan that outlines how the home will ensure that residents are provided with any personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible at meals and snacks.

The plan is to be submitted via email by May 15, 2013 to Long Term Care Inspector: Carol Polcz, Ministry of Health and Long-Term Care, Performance and Compliance Branch, 119 King Street West, 11th floor, Hamilton, Ontario L8P 4Y7, email Carol.Polcz@ontario.ca

Grounds / Motifs :

1. Not all residents were provided with personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

a) At the observed lunch meals on 2 dates in March 2013, resident 029 was not provided assistance throughout the meal and sat with the food in front on table. The resident was provided only encouragement only at the end of the meal, where a few bites were taken. The resident's plan of care indicated that the resident required minimal set up or assistance.

b) Resident 030 was not provided the lunch meal in March 2013 until 35 minutes into the meal. Assistance and encouragement was not provided to the resident although the resident's care plan indicated that the resident required extensive assistance.

c) Resident 032 was observed entering the dining room at 145pm in March 2013 where the staff had kept a meal for the resident; the meal was reheated and served but the resident refused the meal. The resident was not provided with encouragement or assistance to consume the meal.

Previously issued under January 7, 2010 under the Long Term Care Homes Manual and unmet criterion B3.32; previously issues as s. 73 (1) 9 May 24, 2011 as a CO and July 24, 2012 as a CO.

(156)

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Order # / **Order Type /**
Ordre no : 006 **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2012_066107_0008, CO #007;

Pursuant to / Aux termes de :

O.Reg 79/10, 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,
(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that all foods and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

The plan is to be submitted via email by May 15, 2013 to Long Term Care Inspector: Carol Polcz, Ministry of Health and Long Term Care, Performance and Compliance Branch, 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7
email Carol.Polcz@ontario.ca

Grounds / Motifs :



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1. Resident 032 was observed entering the dining room at 145pm on date of inspection where the staff had kept a meal for the resident; the resident's care plan indicated that the resident was to be provided with scrambled eggs, however, the resident was served potato strata as per the regular menu. (156)

2. During the lunch meal on March 11, 2013, it was observed that there was no second choice for a resident noted not to have pork. The menu indicated pork sandwich or potato strata as the regular choices for lunch. As confirmed by the dietary aide, there was no second choice without pork and only the strata was offered to resident 023. (156)

3. The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
a) preserve taste, nutritive value, appearance and food quality.
Recipes were not found to be followed. For example, the recipe for pureed roast beef indicated that milk was to be added, however, the cook confirmed that au jus was added instead. The recipe for pureed sausage indicated that cream was to be added, however, the cook confirmed that hot water was added instead. Some recipes indicated that items were to be prepared from scratch, however, pre-purchased products were prepared instead. The Food Services Manager confirmed that not all recipes and therapeutic menus were accurate or complete.
Previously issued September 7, 2010 as a CO; May 24, 2011 as a CO; and August 24, 2012. (156)

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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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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

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*

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

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*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and 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 SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of April, 2013

Signature of Inspector /

Signature de l'inspecteur :

BARBARA NAYKALYK-HUNT (146)

Name of Inspector /

Nom de l'inspecteur :

BARBARA NAYKALYK-HUNT

Service Area Office /

Bureau régional de services : Hamilton Service Area Office