



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

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

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

**Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue**

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

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 25, 27, Aug 3, 2011	2011_042148_0018	Follow up

**Licensee/Titulaire de permis**

HILLTOP MANOR NURSING HOME LIMITED  
82 Colonel By Crescent, Smiths Falls, ON, K7A-5B6

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

HILLTOP MANOR NURSING HOME LIMITED  
1005 ST LAWRENCE STREET, P.O. BOX 430, MERRICKVILLE, ON, K0G-1N0

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

AMANDA NIXON (148)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nursing Staff and Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed the homes system for monitoring food and fluid of residents in the home including, meal, nourishment and nutritional supplement intake records.

The following Inspection Protocols were used in part or in whole during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Definitions

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Définitions

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: 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 subsections:**

**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  
(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits sayants :**

1. Under O.Reg 79/10, s.68(1)(d), the licensee shall ensure that the nutrition and hydration program include a system to monitor and evaluate the food and fluid intake of residents with identified risks.
2. The home's system to monitor food and fluid intake of residents includes the documentation of food, fluid and nutritional supplement intake at all nourishments and all meals for all residents. Nutritional Intake Records, Meal Supplement Sheets and Nourishment Supplement Tick-off Sheets are used for this purpose.
3. Meal Supplement Sheets for June and July 2011 were reviewed, the following were noted:
  - A resident, identified at high nutritional risk with weight loss since May 2011, requires 125ml Boost at lunch. For June 2011, 9 out of 30 lunch meals were not documented. For July 2011, 12 out of 26 lunch meals were not documented.
  - A resident, identified at high risk due to poor intake, requires Fruit Boost at every meal. For June 2011, 54 out of 90 meals were not documented. For July 2011, 53 out of 78 meals were not documented.
  - A resident, identified at medium risk due to history of urinary tract infections and constipation, requires Fruit Boost at meals. For June 2011, 49 out of 90 meals were not documented. For July 2011, 33 out of 78 meals were not documented.
  - A resident, identified at high risk related to poor intake, requires Boost at meals. For June 2011, 47 out of 90 meals were not documented. For July, 2011 56 out of 78 meals were not documented.
4. Nourishment Supplement Tick-off Sheets were reviewed from July 17-26, 2011 the following was noted:
  - Three identified residents requiring nutritional supplement were not documented for the AM nourishment pass on July 17, 2011
  - Six identified residents requiring nutritional supplement were not documented for the PM nourishment pass on July 18, 19, 21-26, 2011.
  - Two identified residents requiring nutritional supplement were not documented for the HS nourishment pass on July 17-22, 2011.
  - Fourteen residents requiring nutritional supplements were not documented at the HS nourishment pass on July 23-26, 2011.
5. The home was not complying with their system for monitoring and evaluating the food and fluid intake of residents with identified risks.

***Additional Required Actions:***

***DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

**Issued on this 9th day of August, 2011**



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