



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 18, 19, 2010	2010_107_2931_18 Aug101814	Complaint #H-00740
Licensee/Titulaire Idlewyld Manor 449 Sanatorium Road Hamilton Ontario L9C 2A7 905-574-2000 phone 905-574-0482 fax		
Long-Term Care Home/Foyer de soins de longue durée Idlewyld Manor 449 Sanatorium Road Hamilton Ontario L9C 2A7		
Name of Inspector(s)/Nom de l'inspecteur(s) Michelle Warrener - #107		

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: The Administrator, Food Service Manager, Food Service Supervisor, Registered Dietitian, Residents, Front Line Staff (nursing and dietary, administrative), and the Environmental Manager.

During the course of the inspection, the inspector: Observed a lunch and dinner meal service on RoseGarden Home Area; observed meal preparation and production systems; observed a morning and partial afternoon snack pass, and interviewed residents and staff members.

The following Inspection Protocols were used during this inspection:

Food Quality
Snack Observation

Findings of Non-Compliance were found during this inspection. The following action was taken:

[7] WN
[4] VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007. c.8, s.5

Every licensee of a long term care home shall ensure that the home is a safe and secure environment for its residents.

Findings:

1. The servery door was left propped open and accessible to residents on August 18, 2010 in the Rose Garden home area. The area was left unsupervised and the hot table was hot to the touch with risk of burns.

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 be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 101(2) (c)
The licensee shall ensure that a documented record is kept in the home that includes,
c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required.

Findings:

1. There is no documented evidence that complaints brought forward at the Food Committee Meetings have been investigated and action taken to resolve the concerns.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 8(1)(b)
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, procedure, strategy, or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(b) is complied with.

Findings:

The Licensee's policy and procedure related to food and fluid intake monitoring of residents at nutrition risk was not complied with in the Rose Garden home area.

1. Numerous residents with identified risks related to nutrition and hydration did not have a record of snack consumption for the week of August 8-14, 2010. One resident did not have afternoon snack recorded for August 8, 2010; 19 residents did not have the afternoon snack recorded for Aug 9, 2010; 16 residents did not have the afternoon snack recorded for Aug 12, 2010; and 11 residents did not have the evening snack recorded for Aug 14, 2010. The afternoon snack pass was also not recorded for Aug 17 or 18, 2010.

The Licensee's policy and procedure related to food temperature monitoring of hazardous food items was not complied with in the Rose Garden home area.

1. Food temperatures are not consistently taken prior to meal service as required. Food temperatures were not recorded in the Rose Garden home area August 15, 2010 supper meal, August 16, 2010 for supper, August 17, 2010 breakfast and supper, had missing temperatures for hazardous foods.

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 be implemented voluntarily.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 71(5)
The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle.

Findings:

The licensee did not ensure that an individualized menu was developed for two residents whose needs could not be met through the Home's menu cycle.

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 72(1)
Every licensee of a long term care home shall ensure that there is an organized food production system in the home.

Findings:

1. An organized food production system was not in place on August 18, 2010. Quantities of items required on the production sheets were not consistent with quantities of menu items to prepare on standardized recipes, resulting in the potential for food shortages or excess food wastage (e.g. spaghetti - recipe for spaghetti is for 145, production sheets indicate 65 portions required; baked salmon - recipe is 46 servings, but production sheet is 78; Garlic bread - recipe 112 servings, production sheets 66 portions required; mashed potato - recipe for 52 servings, production sheets indicate 78 servings are required.)

WN #6: The Licensee has failed to comply with O. Reg. 79/10, s. 72(3)(a),(b)
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.

Findings:

1. Recipes were not consistent with food items being prepared (different ingredients noted), resulting in variability in quality and taste depending on the person cooking. All residents interviewed expressed concerns with variability in the quality of food items being prepared.
2. Portion size of the egg salad filling was noted to be 1/2 of what was on the planned recipe/therapeutic spreadsheet, resulting in reduced protein and nutritional value being offered to residents.
3. Not all hazardous food items stored in the walk in refrigerator were dated and labeled (e.g. macaroni, egg salad, roast turkey, macaroni salad, pork chops, egg yolks, chicken burgers) resulting in the potential for adulteration and food borne illness. It was unclear when the products were prepared, or opened and how long they had been in the refrigerator in relation to the expiration dates.
4. Leftover meats and food items are being used in the preparation of minced and pureed entrees, resulting in the potential for food borne illness.

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 be implemented voluntarily.

WN #7: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)6, 8
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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

Findings:

1. Numerous residents voiced concerns about the temperature of the soup (stating too cold) served at the supper meal Aug 18, 2010. The temperature of the soup was not taken prior to service to



residents. The soup was pre-portioned into smaller bowls and left sitting on a cart for an extended time prior to service to residents.

- 2. All cold foods were recorded as 60 degrees Fahrenheit for August 15, 2010, which is not palatable and safe.
- 3. The lunch and supper meals August 18, 2010, did not provide course by course meal service. Entrees were served when residents were consuming their soup course and desserts were placed on tables when residents had not finished their entrees, creating a rushed dining experience for residents. Plates were not cleared between courses and dirty dishes were left in-front of residents.

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 be implemented voluntarily.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p><i>H. Warner</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report (if different from date(s) of inspection). <i>Sept 20, 2010</i></p>