



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

**Rapport d'inspection
prévue 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
September 30, October 1, 2010	2010_171_2729_30Sep092845	Follow-up - Dietary
Licensee/Titulaire		
Sharon Farms & Enterprises Limited, 1340 Huron Street, London, ON, N5V 3R3		
Long-Term Care Home/Foyer de soins de longue durée		
Kensington Village, 1340 Huron Street, London ON, N5V 3R3		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Elisa Wilson (#171)		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a dietary follow-up inspection in respect of previously identified unmet standards and criteria from the Long Term Care Homes Program Manual that applied when the home was governed by the Nursing Homes Act:

Dietary Follow-up conducted June 9-11, 2010.

- NHA Chapter N.7 Section 2(2)2 as it relates to B3.23
- P1.18
- P1.22
- P1.24
- P1.25
- M3.23

During the course of the inspection, the inspector spoke with: the administrator, outgoing and incoming foodservice supervisors, cooks, dietary staff, registered staff, personal support staff, and residents.

The inspector observed lunch, afternoon snack and dinner service on September 30, 2010, and breakfast service on October 1, 2010. Hand-washing and Weight-taking policies were requested and reviewed. Kitchen staff communication book was reviewed for the month of September. Plans of care were reviewed for two residents in the printed chart and on the computer.

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

Dining Observation
Snack Observation
Food Quality
Nutrition and Hydration

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

7 WN
5 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avvis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordre de conformité
WAO – Work and Activity Order/Ordre: 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 constitue un avis d'écrit de l'exigence 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.6(1)(c). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Resident #1 was admitted with a physician's order for a modified diabetic, pureed, honey thick fluids diet and Resident #2 was admitted with no diet ordered in his care plan. No information regarding these residents, including their names and diets, was provided on the seating plan, the diet spreadsheet, the diet binder or the snack binder 2-3 days post-admission.

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 with setting clear direction to staff regarding resident diets, to be implemented voluntarily.

WN #2: 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, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with.

Findings:

1. The Home has a policy regarding entering the food and fluid intake for each resident at each meal and snack. The Home is not consistently following this policy for all residents. In September 2010, there were more than 10 missing meals or snacks for at least three residents at high nutritional risk.
2. The Home has a policy regarding Weighing residents which describes the process of the residents being weighed and the weight being input into the computer system by the 2nd week of the month. The Home is not consistently following the policy as it relates to entering the information into the computer. Resident #3 had no weight entered for June or September and Resident #4 had no weight entered for June as of October 1, 2010.



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 with following policies regarding documenting food and fluid intake and tracking resident weights on a monthly basis, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.70(d). Every licensee of a long-term care home shall ensure that the dietary services component of the nutrition care and dietary services program includes, (d) availability of supplies and equipment for food production and dining and snack service.

Findings:

1. A number of food item supplies were not available for staff to prepare menu and snack items as required. Some examples from the staff communication book include:
 - Sep.5, 2010 - not enough parsnips, used peas, not enough eggs for scrambled, used poached
 - Sep.6, 2010 - no oatmeal cookies for pm snack
 - Sep.7, 2010 - no marble bread
 - Sep.9, 2010 - no sweet and sour sauce for stir fry, used miscellaneous
 - Sep 12, 2010- sweet potato salad on menu but none was purchased
 - Sep 13, 2010 - no ground beef for ground and puree diets, no potatoes for mashed potato, no eggs for egg salad
 - Sep 14, 2010 - no lentils for lunch soup, no brown bread
 - Sep 16, 2010 - no chicken for soup, no O'Brien potatoes, no oriental vegetables for stir fry
 - Sep 20, 2010 - no skim milk and no prunes for breakfast

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 with respect to having food supplies available on a regular basis to meet menu and snack requirements, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.71(4). The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Findings:

1. Resident #4 was not offered all choices at the breakfast meal on October 1, 2010. She was provided with cereal and toast, both of which are listed in the diet binder as dislikes. Toast is not appropriate for her diet texture of pureed. She refused to eat these items and no other items were offered from the pureed menu such as pureed cottage cheese, or applesauce.



2. The snack menu indicates that assorted regular and soaked biscuits (arrowroots, social teas and digestives) would be available at each snack however these items were not on the snack cart.
3. The afternoon snack menu for September 30, 2010 indicated ginger cookies would be offered however chocolate and shortbread cookies were offered instead.

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 with having planned menu items offered and available at meal and snack times, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s.72(2)(g). The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions.

Findings:

1. Menu substitutions are not being tracked by foodservices.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s.72(4)(c). The licensee shall maintain, and keep for at least one year, a record of, (c) menu substitutions.

Findings:

1. Menu substitutions are not being tracked nor records maintained regarding substitutions at this time.

WN #7: The Licensee has failed to comply with O.Reg. 79/10 s.73(1)9. 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: (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.

Findings:

1. Resident #4's plan of care indicates that staff should provide encouragement by coming to the table 3 to 4 times during a meal. This did not happen on September 30, 2010 at lunch or October 1, 2010 at breakfast. She did not eat her entrée at lunch nor the food items served at breakfast.



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 with providing encouragement in the dining room as per resident's plan of care, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé

Table with 5 columns: REQUIREMENT EXIGENCE, TYPE OF ACTION/ORDER, ACTION/ORDER #, INSPECTION REPORT #, INSPECTOR ID #. Contains 7 rows of non-compliance entries related to dietary follow-up.

Signature of Licensee or Representative of Licensee, Signature of Health System Accountability and Performance Division representative, Title, Date, Date of Report: (if different from date(s) of inspection).