



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

**Rapport d'inspection
prévus 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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

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291, rue King, 4^{ème} étage
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**Ministère de la Santé et des Soins de
longue durée**

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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection December 8, 9 & 10, 2010	Inspection No/ d'inspection 2010_135_2917_06Dec173056	Type of Inspection/Genre d'inspection Complaint L-00594- Dietary Follow up
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Licensee/Titulaire
Devonshire Erin Mills Inc., 195 Dufferin Avenue Suite 800, London, Ont. N6A 1K7

Long-Term Care Home/Foyer de soins de longue durée
Lanark LTC Centre, 46 Lanark Crescent, Kitchener. Ontario N2N 2Z8

Name of Inspector(s)/Nom de l'inspecteur(s)
Bonnie MacDonald #135

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Dietary follow up inspection to complaint L-00594; regarding care and services in the home.

During the course of the investigation, the inspector spoke with the Director of Care, Food Services Manager, Dietitian, Food Services Supervisor, Registered, non Registered Nursing staff and Residents.

During the inspection, the inspector reviewed resident records, observed Lunch service in Pine and Juniper home areas and afternoon snack service in Pine home area.

The following Inspection Protocols were used in part or whole during this inspection:
Snack Observation
Dining Observation
Nutrition and Hydration
Continence Care and Bowel Management

Findings of Non-Compliance were found during this inspection. The following actions were taken:
10 WN
1 VPC
9 CO's

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

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.

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

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.)

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 LTHCA, 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:

High Risk resident for weight loss, wound, constipation and dehydration, Nutritional Plan of Care does not provide clear direction for staff providing direct care to the resident: i.e.

- Resident was changed to Regular Puree diet Oct. 8/10; however resident's MAR, Dec. 10/10 indicates resident is on Regular Minced diet.
- Resident is to receive the following as part of the snack service; however these interventions are not on the snack diet list used by staff to serve residents: i.e. offer High Energy High Protein (HEHP) snacks, offer yogurt at PM. Snack and 250 mls. of juice at snack.
- Breakfast Dec. 10/10.resident was not offered extra portions for weight loss as per his plan of care. This does not appear on the Diet list that staff reference for meal service.

Inspector ID #: 135

Additional Required Actions:

CO #001 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #2: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(b)
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,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

Resident with a weight loss of 5.1 kgs. (7.82%) in November 2010 was not reassessed nor was the plan of care revised for weight loss greater than 5 % in one month. Her present weight of 60.1 kgs. is below her goal weight range of 61-68 kgs.

Inspector ID #: 135



Additional Required Actions:

CO #002 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #3: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(c)

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,
(c) care set out in the plan has not been effective

Findings:

1. Residents average daily fluid consumption for the period Dec. 1-9/10 was 478 mls. /day or 21.7% of his daily fluid requirement of 2200mls/day as per his Plan of Care. Resident was not reassessed nor were different approaches considered for ongoing poor fluid intake.

Inspector ID #: 135

Additional Required Actions:

CO #003 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #4: The Licensee has failed to comply with LTHCA, 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.

Findings:

1. Breakfast service Dec.10/10, resident was not provided 250 mls. of milk for significant weight loss as per his Nutritional Plan of Care.
2. Breakfast service Dec. 10/10, high risk resident for constipation, was not provided prune juice or prunes as per his plan of care or the Homes' Bowel Program after 24 and 48 hours without a bowel movement. The Nursing Bowel Movement records indicate resident had not had a bowel movement on the following days: Nov. 29, 30 Dec 4, 7, 9, 10, and 2010.

Inspector ID #: 135

CO #004 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 26(4)(a)

The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition.

Findings:

High Risk resident with weight loss of 11.2 kgs (17.26%) in 4 months has not been reassessed by the Dietitian for weight loss greater than 7.5% in 3 months. Resident's present weight of 64.9 kgs. as of Dec. 1, 2010 is below her goal weight range of 70-75 kgs. as per her Nutritional Plan of Care. Resident's Nutritional Plan of Care has not been revised for significant weight change.

Inspector ID #: 135

Additional Required Actions:

CO #005 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #6: The Licensee has failed to comply with O. Reg. 79/10, s.69.(1) (2)

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- (1) A change of 5 per cent of body weight, or more, over one month.
 (2) A change of 7.5 per cent of body weight, or more, over three months

Findings:

- Resident has not been assessed by the Homes' Dietitian for weight loss of 5.1 kgs (7.82%) in one month as of Nov. 4/10.
- High Risk Resident with weight loss of 11.2 kgs (17.26%) in 4 months was not assessed by the homes' Dietitian for significant weight loss.

Inspector ID #: 135

Additional Required Actions:

CO #006 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

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

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:

- Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
- Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

- The four residents in Pine home area were not provided with adaptive feeding cups and/or lip plates during Lunch service Dec. 9/10 as per their plans of care:
- Pm. Snack service Dec. 9/10 in Pine home area, 2 staff members and 1 family member stood to feed the following 5 high risk residents.

Inspector ID #: 135

Additional Required Actions:

CO #007 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #8: The Licensee has failed to comply with O. Reg. 79/10, s. 68(2)(c)

Every licensee of a long-term care home shall ensure that the programs include, (c) the implementation of interventions to mitigate and manage those risks;

Findings:

- The home's Hydration policy RNC03-03-05 does not include nutritional interventions to mitigate the risk of dehydration for residents at risk.

Inspector ID #: 135

Additional Required Actions:

CO #008 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #9: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)5

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:

- a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

Findings:

- Pm. Snack service Dec. 9/10 on Pine home area the following four residents did not receive the correct snack as per their Nutritional Plans of Care: One did not receive 250 mls. of honey thickened juice; two others

did not receive 125 mls. of milk and another did not receive 1/2 sandwich.

2. Lunch Service Dec. 9/10 in Pine home area, the following residents did not receive the following items as per their Nutritional Plans of Care:

- One did not receive Diet juice or puree fruit as per the diet list. Another did not receive 250mls. of milk as per the diet list. One did not receive juice as per the diet list.
- Resident received Diabetic diet minced texture and Honey thick fluids and the diet list indicated he is on a Diabetic diet regular texture with pudding thick fluids.
- Resident on a minced texture diet received puree cake for dessert.
- Resident has a fluid restriction of 375 mls. of fluids at meals. At lunch they received 590 mls. of fluid. Resident did not receive bread without crusts or magic cup as per the plan of care.

Inspector ID #:	135
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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 ensuring that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.

WN #10: 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, (b) the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, and is complied with.

Findings:

1. The Homes' Weight monitoring policy RNC04-01-01 states; if there is a significant change in resident's weight of 5% or 2 kgs the new weight will not be entered into the chart until a reweigh can be completed and the weight verified. The Homes' weight policy was not complied with as reweighs were not done for the following residents with a 5% or 2 kg. weight change from Oct. 2010 to Nov. 2010: Resident with a weight loss of 5.7%, resident with a weight loss 6.76 % and resident with a weight loss of (5.54%).
2. The Homes' Hydration Policy RNC03-03-05 was not implemented when residents were not referred to the Dietitian after 3 days of fluid intake less than 1500 mls./day. The following residents had ongoing poor intake for the period Dec. 1-9/10 and were not referred to the Homes' Dietitian:
 - Resident with average daily intake 478 mls.
 - Resident with average daily intake 630 mls.
 - Resident with average daily intake 368 mls.
 - Resident with average daily intake 747 mls.
3. The Homes' Hydration Policy # RNC03-03-05A for resident's fluid intake below 1500 mls./day was not complied with when the following interventions were not provided for the above noted residents on Juniper Home area:
 - Low fluid Intake Form RNC03-03-05A was not initiated for 3 days of fluid intake less than 1500 mls/day.
 - Residents were not provided water jugs to increase fluid consumption.
 - Policy states: PSW's will encourage fluid intake. Two staff members on Juniper Home Area interviewed at Breakfast Dec. 10/10 were not aware of any residents at risk of dehydration and any resident requiring additional fluids.
 - Progress notes did not indicate the effectiveness of any increase fluid interventions.



Inspector ID #:	135
Additional Required Actions: CO #009 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form	

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O.Reg. 79/10,s.71(4)	WN		2010_135_2917_04Oct141640	135

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	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.
Title:	Date:
	<i>Bonnie MacDonnell</i> January 14, 2011 Date of Report: (if different from date(s) of inspection).



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Bonnie MacDonald	Inspector ID # 135
Log #:	L-00594	
Inspection Report #:	2010_135_2917_06Dec173056	
Type of Inspection:	Dietary Follow to 2010_135_2917_04Oct141640	
Date of Inspection:	December 8, 9 & 10, 2010	
Licensee:	Devonshire Erin Mills Inc., 195 Dufferin Avenue Suite 800, London, Ont. N6A 1K7	
LTC Home:	Lanark LTC Centre, 46 Lanark Crescent, Kitchener. Ontario N2N 2Z8	
Name of Administrator:	Debbie Boakes	

To Devonshire Erin Mills Inc., you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTHCA, 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.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, s.6(1)(c) . Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds: High Risk resident for weight loss, wound, constipation and dehydration Nutritional Plan of Care does not provide clear direction for staff providing direct care to the resident: i.e. <ul style="list-style-type: none"> Resident was changed to Regular Puree diet Oct. 8/10; however resident's MAR, Dec. 10/10 indicates resident is on Regular Minced diet. 			



- Resident is to receive the following as part of the snack service; however these interventions are not on the snack diet list used by staff to serve residents: i.e. offer High Energy High Protein (HEHP) snacks, offer yogurt at PM. Snack and 250 mls. of juice at snack.
- Breakfast Dec. 0/10.resident was not offered extra portions for weight loss as per his plan of care. This does not appear on the Diet list that staff reference for meal service.

This order must be complied with by: February 21, 2011

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(b)
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Pursuant to: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(b) 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,
 (b) the resident's care needs change or care set out in the plan is no longer necessary.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(b). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:
 Resident with a weight loss of 5.1 kgs. (7.82%) in November 2010 was not reassessed nor was the plan of care revised for weight loss greater than 5 % in one month. Her present weight of 60.1 kgs. is below her goal weight range of 61-68 kgs.

This order must be complied with by: February 21, 2011

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(b)
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Pursuant to: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(c) 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,
 (c) care set out in the plan has not been effective

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(c). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:
 Resident's, average daily fluid consumption for the period Dec. 1-9/10 was 478 mls. /day or 21.7% of his daily fluid requirement of 2200mls/day as per his Plan of Care. Resident was not reassessed nor was different approaches considered for ongoing poor fluid intake.

This order must be complied with by: February 21, 2011



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order #:	004	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: The Licensee has failed to comply with LTHCA, 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.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, s.6(7). Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds: 1. Breakfast service Dec.10/10, Resident was not provided 250 mls. of milk as per his Nutritional Plan of Care for significant weight loss. 2. Breakfast service Dec. 10/10, high risk resident for constipation, was not provided prune juice or prunes as per the Homes' Bowel Program after 24 and 48 hours without a bowel movement. The Nursing Bowel Movement records indicate resident had not had a bowel movement on the following days: Nov. 29, 30 Dec 4, 7, 9, 10, and 2010.			
This order must be complied with by:		February 21, 2011	

Order #:	005	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 26(4)(a) The licensee shall ensure that a registered dietitian who is a member of the staff of the home, (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 26(4)(a). Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds: High Risk resident with weight loss of 11.2 kgs (17.26%) in 4 months has not been reassessed by the Dietitian for weight loss greater than 7.5% in 3 months. Resident's present weight of 64.9 kgs. as of Dec. 1, 2010 is below her goal weight range of 70-75 kgs. as per her Nutritional Plan of Care. Resident's Nutritional Plan of Care has not been revised for significant change in weight.			
This order must be complied with by:		February 21, 2011	

Order #:	006	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to : The Licensee has failed to comply with O. Reg. 79/10, s.69.(1) (2) Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:			



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

<p>(1) A change of 5 per cent of body weight, or more, over one month. (2) A change of 7.5 per cent of body weight, or more, over three months</p>	
<p>Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s.69.(1) (2) . Submit the plan to LondonSAO.moh@ontario.ca.</p>	
<p>Grounds: Findings:</p> <ol style="list-style-type: none"> 1. Resident has not been assessed by the Homes' Dietitian for weight loss of 5.1 kgs (7.82%) in one month as of Nov. 4/10. 2. High Risk Resident with weight loss of 11.2 kgs (17.26%) in 4 months was not assessed by the homes' Dietitian for significant weight loss. 	
<p>This order must be complied with by:</p>	<p>February 21, 2011</p>

<p>Order #:</p>	<p>007</p>	<p>Order Type:</p>	<p>Compliance Order, Section 153 (1)(b)</p>
<p>Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)9 &10 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. 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.</p>			
<p>Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 73(1)9 &10. Submit the plan to LondonSAO.moh@ontario.ca.</p>			
<p>Grounds:</p> <ol style="list-style-type: none"> 1. Pm. Snack service Dec. 9/10 in Pine home area, 2 staff members and 1 family member stood to feed the following 5 high risk residents. 2. Four residents in Pine home area were not provided with adaptive feeding cups and/or lip plates during Lunch service Dec. 9/10 as per their plans of care. 			
<p>This order must be complied with by:</p>	<p>February 21, 2011</p>		



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order #:	008	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 68(2)(c) Every licensee of a long-term care home shall ensure that the programs include, (c) the implementation of interventions to mitigate and manage those risks;			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 68(2)(c). Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds: The home's Hydration policy RNC03-03-05 does not include nutritional interventions to mitigate the risk of dehydration for residents at risk.			
This order must be complied with by:		February 28, 2011	

Order #:	009	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: 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, (b) the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, and is complied with.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s. 8(1)(b). Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds:			
<ol style="list-style-type: none"> 1. The Homes' Weight monitoring policy RNC04-01-01 states; if there is a significant change in resident's weight of 5% or 2 kgs the new weight will not be entered into the chart until a reweigh can be completed and the weight verified. The Homes' weight policy was not complied with as reweighs were not done for the following residents with a 5% or 2 kg. weight change from Oct. 2010 to Nov. 2010: Resident with a weight loss of 5.7%, resident with a weight loss 6.76 % and resident with a weight loss of (5.54%). 2. The Homes' Hydration Policy RNC03-03-05 was not implemented when residents were not referred to the Dietitian after 3 days of fluid intake less than 1500 mls./day. The following residents had ongoing poor intake for the period Dec. 1-9/10 and were not referred to the Homes' Dietitian: <ul style="list-style-type: none"> • Resident with average daily intake 478 mls. • Resident with average daily intake 630 mls. • Resident with average daily intake 368 mls. • Resident with average daily intake 747 mls. 			



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Direction de l'amélioration de la performance et de la conformité

3. The Homes' Hydration Policy # RNC03-03-05A for resident's fluid intake below 1500 mls./day was not complied with when the following interventions were not provided for the above noted residents on Juniper Home area:

- Low fluid Intake Form RNC03-03-05A was not initiated for 3 days of fluid intake less than 1500 mls/day.
- Residents were not provided water jugs to increase fluid consumption.
- Policy states: PSW's will encourage fluid intake. Two staff members on Juniper Home Area interviewed at Breakfast Dec. 10/10 were not aware of any residents at risk of dehydration and any resident requiring additional fluids.
- Progress notes did not indicate the effectiveness of any increase fluid interventions.

This order must be complied with by: February 21, 2011

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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
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Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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.

Issued on this 25 th day of January, 2011.	
Signature of Inspector:	<i>Bonnie MacDonald</i>
Name of Inspector:	Bonnie MacDonald
Service Area Office:	London