



**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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Nov. 8 & 9, 2010	2010_135_1049_08Nov144353	L-01703-Dietary Follow Up

Licensee/Titulaire

Maplewood Nursing Home Limited, 500 Queensway West, Simcoe N3Y 4R4

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

Maple Manor Nursing Home, 73 Bidwell Street, Tillsonburg, Ontario N4G 3T8

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 in respect to the Long-Term Care Homes Program Manual Standards and Criteria previously identified as P1.22, P1.23, P1.27, B3.23, and B3.25, issued April 2007.

During the course of the inspection, the inspector spoke with: DOC, RAI Coordinator, Food Services Manager, Registered Nursing staff, Dietary staff, and Residents.

A review of two resident records was completed. Lunch, dinner and snack service were observed on 1st floor, Nov. 9/10.

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

- Food Quality
- Dining Observations
- Nutrition and Hydration
- Continence Care and Bowel Management
- Snack Observation

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

- 9 WN
- 8 VPC

Corrected Non-Compliance are 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 O.Reg. 79/10, s. 71(2) (a)

The licensee shall ensure that each menu,
(a) provides for adequate nutrients, fiber and energy for the residents based on the current Dietary Reference Intakes (DRI's) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time.

Findings:

1. Lunch Service Nov. 9/10 in first floor dining room, 7/10 (70%) of menu items observed were incorrect portion size as per the therapeutic menu. i.e. #12 scoop was used for Romaine Salad and the menu indicates a larger 8 oz. spoodle. This does not provide residents with adequate nutrients according to the current Dietary Reference Intakes.

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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 menus provide adequate intake of nutrients based on the current Dietary Reference Intakes (DRI's), to be implemented voluntarily.

WN #: 2 The Licensee has failed to comply with LTCHA, 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 time when,
(c) care set out in the plan has not been effective

Findings:

1. Nov. 3-9/10, resident at high risk for dehydration had an average fluid intake of 429 mls./day or 28.6% of her daily fluid requirement of 1500 mls/day as per her Nutritional Plan of Care, Nov. 9/10. Resident has not been reassessed or different approaches considered for ongoing poor fluid intake.
2. High Risk resident was assessed as being constipated as part of the Resident Assessment Protocol Aug. 13, 2010. Resident continued to have ongoing constipation/fecal impaction as noted in progress notes since Aug. 3, 2010. i.e. Oct. 27, Nov. 3/10. Resident has not been reassessed or different approaches considered for ongoing constipation.

Inspector ID #:	135
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 residents plan of care are revised and different approaches are considered in the revision of the plan of care, to be implemented voluntarily.	

WN #: 3 The Licensee has failed to comply with LTCHA, 2007,S.O. 2007, c.8, s. 6(4)(a) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other	
Findings: 1. Nursing and Dietary staff has not collaborated in the assessment of resident for constipation as indicated in their Resident Assessment Protocols of Aug.13/10. Resident continued to have ongoing constipation/fecal impaction since Aug. 13, 2010 as noted in nursing progress notes. i.e. Oct. 27, Nov. 3/10. The Nutritional Plan of Care does not identify constipation as a problem and is not integrated nor does it complement the Nursing Plan of Care related to constipation.	

Inspector ID #:	135
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 staff collaborate with each other in the development and implementation of the plan of care so that different aspects of care are integrated, consistent and complement each other, to be implemented voluntarily.	

WN #: 4 The Licensee has failed to comply with 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.	
Findings: 1. High risk resident, was not provided High Energy, High Protein supplement at lunch or dinner Nov.9/10 as per her Nutritional Plan of Care. 2. High risk resident, was not provided High Energy, High Protein supplement at lunch or dinner or Magic Cup at lunch Nov.9/10, as per her Nutritional Plan of Care. 3. Resident's Plan of Care states "if fluid intake is less than 1000mls. /day for 2 days or more refer to the Dietitian. For the 3 day period Nov.4-8/10 resident's intake was less than 1000mls/day. Resident was not referred to the Homes' Dietitian. 4. Pm. snack service on first floor Nov. 9/10, 7 of 27 residents (25.9%) did not receive the correct snack and/or beverage as per their Nutritional Plans of Care.	

Inspector ID #:	135
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, ensuring care set out in the plan is provided as specified, to be implemented voluntarily.	

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s. 68(2)(b)
Every licensee of a long-term care home shall ensure that the programs include,
(b) the identification of any risks related to nutrition care and dietary services and hydration;

Findings:

1. Presently the Homes' Dietary department does not have a program that identifies risks related to nutritional care i.e. constipation and hydration; as confirmed by the Homes' Food Services Manager Nov. 10/10.

Inspector ID #: 135

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, by developing programs that identify the risks related to nutrition and hydration, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s. 71(3)(c)
The licensee shall ensure that each resident is offered a minimum of,
(c) a snack in the afternoon and evening.

Findings:

1. Pm. Snack service Nov. 9/10 on 1st floor; two high risk residents for weight loss, were not offered a snack.
2. Pm. Snack service on first floor Nov. 9/10, 12 of 27 residents (44.4%) were not offered snack.

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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 residents are offered snack in the afternoon and evening, to be implemented voluntarily.

WN #7: 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. Nov.9/10 at lunch and dinner service in first floor dining room, residents were not offered bread or puree bread as per the planned menu.
2. Pm. Snack service on first floor Nov. 9/10, Orange mango juice and diet orange drink, were not available as per the Homes' snack menu.

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WN #8: The Licensee has failed to comply with O.Reg. 79/10, s.73(1) 5 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:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

1. Pm. Snack Nov. 9/10 on first floor, two residents were not safely positioned when two staff members stood to feed them their snack.

Inspector ID #: 135

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 staff are aware of safe positioning for residents for snacks, to be implemented voluntarily.

WN #9: 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, and (b) is complied with.

Findings:

1. Resident was not referred to the Homes' Dietitian for fluid intake of less than 1000 mls. /day for more than 2 days, for the period Nov.3-8/10; as per the Homes' policy Daily Food and Fluid Intake Record #DDM-V-97.
2. Resident was not referred to the Homes' Dietitian Oct.25/10 and Nov.7/10, when her daily fluid intake was less than 1000mls. /day for more than 2 days as per the Homes' policy Daily Food and Fluid Intake Record #DDM-V-97.
3. The Homes' Daily Food and Fluid Intake Record# DDM-V-97 indicates that Food and Fluid Intake record will be completed daily by the PSW/HCA after each meal and snack. Two residents for the Period Nov. 1-9/10 were missing afternoon and evening snack food and fluid documentation 72.2 % and 83.4 % of the time respectively.

Inspector ID #: 135

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 Homes' policy is complied with, to be implemented voluntarily



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.23 LTC. Homes Program Manual now found in O.Reg.79/10, s.73(1)(6)	Unmet criterion		Dietary Follow up, April 2007	135
P1.27 LTC Homes Program Manual now found in LTCHA, 2007,S.O. 2007, c.8,s,11(1)(a) and O.Reg. 79/10,s. 24(6) and 68.(1)	Unmet criterion		Dietary Follow up, April 2007	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. <i>Ken Blute for Bonnie MacDonald</i> May 13, 2011	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	