



**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

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conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
October 14-15, 2010	2010_135_9613_04Oct.142206	L-01702-Dietary Follow Up
<b>Licensee/Titulaire</b> The Corporation of the County of Lambton, 789 Broadway Street, Wyoming N0N 1T0		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Marshall Gowland Manor, 749 Devine St. Sarnia, Ontario N7T NX3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Bonnie MacDonald #135		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>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 P1.24, P1.8, P1.14, B3.23, and B3.25, issued December 2009.</p> <p>During the course of the inspection, the inspector spoke with: Nurse Manager, RAI Coordinator, Food Services Manager, Dietitians, Registered Nursing staff, Dietary staff, and Residents.</p> <p>A review of 3 resident records was completed. Lunch services were observed in Iris dining room on Oct. 14 and 15, 2010.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:          Food Quality          Dining Observations          Nutrition and Hydration          Contenance Care and Bowel Management</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:           WN=7          VPC=5</p> <p>Corrected Non-Compliance are listed in the section titled Corrected Non-Compliance</p>		

**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 LTCHA, 2007, S.O. 2007, c.8, s.11(2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.**

**Findings:**

1. Lunch Oct. 15/10, Resident at high risk for dehydration, was not provided 540 mls. of fluid as per his plan of care when he did not receive 180 mls. of honey thick water.

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**WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(11)(b) When a resident is reassessed and the plan of care reviewed and revised, (b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.**

**Findings:**

1. High Risk resident, did not have their Nutritional Plan of Care revised or different approaches considered for dehydration as part of the MDS assessment, Sept. 30/10.

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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 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. Staff has not collaborated with each other in the assessment of resident as it relates to constipation. Nursing has identified constipation as a problem but dietary has not and no nutrition and hydration interventions were included in residents' plan of care.

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<b>Additional Required Actions:</b>	
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.	
<b>WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(7)</b>	
<b>The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.</b>	
<b>Findings:</b>	
<ol style="list-style-type: none"> <li>1. High Risk resident for weight loss, Plan of Care specifies, record daily food and fluid intake for meals and snacks. Oct. 1-13/10 resident's intake of food and fluid at meals and snacks was not recorded on 57 occasions, or 39.8 % of the time.</li> <li>2. Lunch service Oct. 14 and 15, 2010, high risk resident, was not provided homo milk as per their Nutritional Plan of Care. His Plan of Care indicates monitor and record food intake for meals and snacks daily. Oct. 1-13/10 his food intake for meals and snacks was not recorded on 14 occasions, or 21.5 % of the time.</li> <li>3. Resident was not provided the following nutritional interventions as per their Plan of Care during Lunch Oct.14/10: Finely cut up salad and pizza or Boost supplement when their meal intake is less than 50%. Their intake of food at lunch Oct. 14/10 was noted to be 25%.</li> <li>4. Resident's Plan of Care specifies increase fluid intake by encouraging fluids at all meals and snacks Lunch Oct.14/10, resident did not receive encouragement for food or fluid. Staff member interviewed during lunch service stated "no one is responsible for that table, they are independent".</li> </ol>	
<b>Inspector ID #:</b>	135
<b>Additional Required Actions:</b>	
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.	
<b>WN #5: The Licensee has failed to comply with O.Reg. 79/10, s. 73(1) 5</b>	
<b>Every licensee of a long term care home shall ensure that the home has a dining and snack service that includes, at minimum, the following elements:</b>	
<b>5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.</b>	
<b>Findings:</b>	
1. High risk resident's Nutritional Plan of Care indicates resident gets prune juice and bran for constipation at breakfast. These high fiber interventions are not on the Diet/Meal list or table card, that direct staff, who provide care to resident.	
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**WN #6: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 86(2)(b)**

**The infection prevention and control program must include;  
(b) measures to prevent the transmission of infections.**

**Findings:**

1. Staff member was observed feeding residents without evidence of hand hygiene between patting resident's head, getting napkins from the kitchen and coughing into her hands at Lunch service Oct. 14/10, in Iris dining room.

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**Additional Required Actions:**

**VPC - 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 measures are taken to prevent transmission of infections, to be implemented voluntarily.

**WN #7: The Licensee has failed to comply with O.Reg. 79/10, s. 30(2)**

**The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.**

**Findings:**

1. Oct. 1-13/10, high risk resident's response to nutritional intervention Boost was not documented as per their Plan of Care on 4 occasions when meals were refused or poor.

2. Oct. 1-13/10 high risk resident's response to nutritional intervention Boost, was not documented on 30 occasions, or 76.9% of the time.

3. Resident at high risk for weight loss Nutritional Plan of Care indicates monitor and record daily food intake. Oct. 1-13/10, resident's food intake was not recorded on 17 occasions or 21.6% of the time for meals and snacks.

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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 interventions and the resident's responses to interventions are documented, to be implemented voluntarily.



**CORRECTED NON-COMPLIANCE  
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.24 LTC. Homes Program Manual now found in O.Reg. 79/10,s.73(1) 11.	Unmet criterion		Dietary Follow up December 2009	135
P1.8 LTC. Homes Program Manual now found in O.Reg. 79/10,s.71(3)	Unmet criterion		Dietary Follow up December 2009	135
P1.14 LTC. Homes Program Manual now found in O.Reg. 79/10,s.72(1)(2)(3)(6)	Unmet criterion		Dietary Follow up December 2009	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>Burton MacDuff</i> <b>November 8, 2010</b>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	