



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 26, 2014	2014_190159_0005	H-000181- 14	Other

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

THE MEADOWS
12 TRANQUILITY AVENUE, ANCASTER, ON, L9G-5C2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct an Other inspection.

**This inspection was conducted on the following date(s): February 19, 20, 21,
2014**

An Other Inspection was completed, log number#H-000181-14, for Nutrition and Hydration and Food Quality Protocols which were triggered as a result of stage 1 of the RQI process.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, Registered Practical Nurses (RPN), Nutritional Manager, Dietary staff, Personal Support Workers (PSWs) and residents.

During the course of the inspection, the inspector(s) observed the provision of care, food production and meal service, reviewed health records, menus and recipes.

The following Inspection Protocols were used during this inspection:

**Food Quality
Nutrition and Hydration**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



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1. The licensee did not ensure the care set out in the plan of care was provided to the resident as specified in the plan.

On February 19, 2014, the plan of care for resident #0001 indicated resident required assistance with eating and swallowing e.g. verbal cueing to continue eating/picking up food and utensils. The plan of care had identified resident required extensive physical assistance. During the lunch meal service on February 19, 2014, the resident was observed experiencing difficulty picking up food on the fork and reaching the beverages. Staff was not readily available, resident was left unattended with no assistance provided with eating as a result resident consumed inadequate amount of food during this meal (only ate soup, and ½ serving of milk). The plan of care had identified resident at nutritional risk and inability to complete task independently due to impaired cognition. Resident did not receive assistance they needed to complete meal.

The plan of care for the resident had specified staff were to offer resident one food item at a time and fluids or liquid at the end of the meal. On February 19, 2014, staff was observed serving beverages i.e. milk, and water before the first course soup. The resident received all beverages and soup at the same time instead of one item at a time. [s. 6. (7)]

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 ensure the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production



Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s.
72 (2).

s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10,
s. 72 (2).

s. 72. (3) 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 O. Reg.
79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee did not ensure that the food production system must, at a minimum provided for, standardized recipes and production sheets for all menus. The home did not have standardized recipes and production sheets for all menu items.

On February 20, 2014 recipe binder and the production sheets were reviewed in the kitchen. The planned lunch menu prepared consisted of tomato rice soup, wieners and beans, chef's choice salad, corn muffin and fruit salad. An alternate choice menu was pastrami sandwich on rye, broccoli salad and raspberry jellyroll. The recipe for the tomato and rice soup was available for 83 servings. The production sheet identified 85 servings (67 regular and 18 pureed soups). The resident census in the home at the time of this inspection was 130 residents. The number of soup servings listed on the production sheet did not reflect the required portions. The cooks and the Nutritional Manager confirmed that the tomato rice soup was to be prepared for 130 residents; however, recipe available was for 83 portions.

On the production sheet the number of servings for wieners and beans to be prepared for lunch was 71 servings. The recipe available for use by cooks in the kitchen yielded 84 servings. The production sheets and the recipes did not provide clear directions for staff regarding quantities that staff understood. Dietary staff interviewed was unable to identify the measurements of ingredients listed in the recipe. The production sheets were not adjusted for the right number of servings required.

On February 20, 2014 a dietary staff was observed assembling minced meat pastrami sandwich for lunch. The staff interviewed confirmed they were using a # 16 scoop for sandwich filling, and there was no recipe available for preparing sandwiches. The



recipes were not standardized and scaled for the quantities to be prepared for all menu items. [s. 72. (2) (c)]

2. The licensee did not ensure that the food production system, must, at a minimum, provided for preparation of all menu items according to the planned menu. Not all menu items were prepared according to the planned menu at the observed lunch meal on February 19, 2014. The planned menu stated assorted sandwiches, four bean salad and vanilla ice cream. However, assorted sandwiches were not prepared and available. Only turkey sandwiches were offered to residents, resulting in lack of choice for sandwiches. Dietary staff interviewed confirmed the turkey sandwich was the only sandwich option available for residents. [s. 72. (2) (d)]

3. The licensee did not ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

On February 20, 2014 staff preparing the lunch meal did not follow the planned recipes to ensure, taste, nutritive value, appearance and food quality were preserved as noted following:

The recipe for wieners and beans was not followed as cook confirmed that not all ingredients were used in the quantities/ amounts listed in the recipe. Examples: the wieners listed in the recipe were 6. 7/8 kilogram, however, the cook reported one package of 2.5 kilogram of wieners was used. This resulted in diluted nutrient contents i.e. protein, altered flavour and compromised taste.

Pureed wieners and beans were prepared using uncooked wieners, however, the recipe for pureed wieners and beans indicated to use prepared product. The cook interviewed confirmed the recipe was not followed. Dietary staff was noted preparing pureed menu items without weighing or measuring the specified ingredients listed in the recipe, resulting in compromised quality and nutritional content of the product.

During the observation of the noon meal service in (Fieldcote)dining room at 1200 hours, residents randomly interviewed voiced concerns about the quality of the food served e.g. "the rice and pasta are often undercooked, and is not like the food I would eat at home. Lots of residents complaint about the food here". "Often times the food is not very good, it is hard and cold".

The lunch meal served on February 19, 2014 was not well received by most of the residents. [s. 72. (3) (a)]



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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 to ensure that there is an organized food production system in the home; standardized recipes and production sheets for all menus are available s 72(2)(c); preparation of all menu items according to the planned menu s.72(2)(d); all food and fluids in the system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) 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:

6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

s. 73. (1) 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:

7. Sufficient time for every resident to eat at his or her own pace. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



1. The licensee did not ensure that the food and fluids were served at a temperature that was both safe and palatable to the residents.

The food and fluids were not served at temperature that was both safe and palatable to the residents. On February 19, 2014, at the observed lunch meal in (Panabaker) dining room the food temperatures were tested. The hot food temperatures recorded were found to be: ravioli and rose sauce at 58.8 degrees Celsius, minced ravioli 58.8 degree Celsius, and pureed ravioli 58 degree Celsius. The home's temperature record form stated the minimal standard for hot food was 63 degrees Celsius. The hot food temperatures were found below the standard.

Meal service was observed in the (Fieldcote) dining Room at 1200 hours. At approximately 12:30pm, the inspector (586) took the temperature of certain food items using the home's thermometer. The food temperatures taken were as following: hot food ravioli 58.1 degrees Celsius; the cold food bean salad at 5.3 degrees Celsius, sandwich at 12.3 and 14.9 degrees Celsius. The hot food was being served below the home's minimal standard 63.0 degree Celsius and the cold food was being served at unsafe temperatures above 4 degrees Celsius above the maximum standard of 4 degree Celsius. Hot and cold food not served at safe temperatures compromises palatability, reduces food intake and also increases risk for contamination. [s. 73. (1) 6.]

2. The licensee had not ensured sufficient time was allowed for every resident to eat at his or her pace.

On February 19, 2014, in the dining room (Panabaker House) staff was observed removing soup bowls and dinner plates when residents had not finished eating. Resident #0001 was observed who had not eaten the meal and required assistance with eating. However, the food plate was removed by a staff personal before asking the resident if they had finished eating.

An identified resident was observed being fed too fast. The resident had mouthful and had not swallowed the food as staff was putting more food in their mouth. The resident was not allowed sufficient time to eat at their own pace. [s. 73. (1) 7.]



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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 to ensure the food and fluids are served at temperature that is both safe and palatable to the residents s.73(1)6; sufficient time is allowed for every resident to eat at his or her pace s.73(1)7, to be implemented voluntarily.

Issued on this 26th day of February, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Asha Scheid