



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ém} étage
Hamilton ON L8P 4Y7

**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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 18, 19, 2010 November 10, 15, 16, 17, & 18, 2010	Inspection No/ d'inspection 2010_107_2124_18Nov112637 2010_123_22124_18Nov112918	Type of Inspection/Genre d'inspection Complaint H-01082
Licensee/Titulaire The Royal Crest Lifecare Group Inc., c/o Ernst and Young Inc. - 222 Bay Street, TD Centre, P.O. Box 251 Toronto, ON, M5K 1J7		
Long-Term Care Home/Foyer de soins de longue durée Mississauga Lifecare Centre, 55 Queensway West, Mississauga ON, L5B 1B5		
Name of Inspector(s)/Nom de l'inspecteur(s) Michelle Warrener - #107 Melody Gray - #123		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a complaint inspection related to: weight loss and bowel management, assessment for the need of an assistive device, provision of Physiotherapy Services, staff-resident interactions and staff response to call bell for an identified resident.

During the course of the inspection, the inspectors spoke with: The Registered Dietitian, Director of Care, Administrator, Assistant Administrator, Activity Aide, Physiotherapist, front line Nursing staff on the 3rd floor, residents. Three Peel Regional Police Officers were also contacted and interviewed by telephone. Unsuccessful attempts to interview the identified resident were made by two inspectors, including one who is fluent in the resident's primary language.

During the course of the inspection, the inspectors: reviewed the identified resident's clinical record, reviewed the home's policy and procedure for bowel management, and observed a lunch meal service. The resident was observed in their room, while participating in activity programs and at meal time. Staff interactions with the identified resident and other residents on the unit and staff response to call bells on the unit were also observed.

The following Inspection Protocols were used during this inspection:
 Nutrition and Hydration
 Continence Care and Bowel Management Inspection Protocol
 Personal Care

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

[5] WN
 [3] VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur 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.

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 constituer 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 The Long-Term Care Homes Program Manual Standards and Criteria:

Criterion P1.29: The nutritional care program shall include:

- Screening to identify nutritional risk;
- Nutritional assessments and identification of interventions on residents' plans of care;
- Reassessment of care plans based on residents' changing needs; and
- Interpreting and individualizing of residents' regular, modified and therapeutic diets and supplemental feedings, as well as other aspects of the care plan that impact dietary services.

Findings:

1. From February 2009 to April 2010, the Registered Dietitian did not assess an identified resident's nutritional status in relation to unintended significant weight loss, ongoing constipation, and nutritional goals (goal for weight gain) and did not reassess the plan of care based on the resident's changing needs (continued weight loss and ongoing constipation).

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WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)

- 6. (1)** 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. The nutritional plan of care for an identified resident was updated by the Registered Dietitian in October, 2010, however, the current plan of care for front line staff does not reflect the changes. The serving list in the dining room that staff follow for meal service does not reflect the change in bowel interventions, and the care plan for front line staff does not reflect the current supplement order. The resident was not offered the supplement (as per the order in October 2010) at the lunch meal November 18, 2010.

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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 with ensuring that the written plan of care for the identified resident and all other residents sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(7)

- 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. An identified resident has a physician ordered bowel protocol in place, however, the bowel protocol is not being followed by staff providing care, resulting in extended periods without a bowel movement. The bowel protocol was not followed for all months from January 2010 to August 2010, with no treatment for up to 10 days without a bowel movement (bm).
2. An identified resident has a plan of care for assistive devices at meals, and a supplement at the

lunch meal, however, the resident did not receive the assistive devices or supplement at the lunch meal November 18, 2010.

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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 with ensuring that the care set out in the plan of care is provided to the identified resident and all other residents as specified in the plan, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.68(2)(d)

(2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Findings:

1. **A system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration is not in place for the monitoring and evaluation of nutritional supplements that are given with meals. An identified resident is at high nutrition risk and requires a nutritional supplement to be given with the lunch and dinner meals. A system is not in place to monitor the intake of these supplements, therefore, preventing the evaluation of the effectiveness of the intervention. The nutritional supplement order was revised by the Registered Dietitian in October, 2010, however, the November 2010 Medication Administration Record (MAR) being used by staff for the delivery of medication does not reflect the updated order from the Dietitian. The November 2010 MAR states supplement intake/consumption is being recorded on the food and fluid intake flow sheets, however, there is no record of the supplement consumption on the flow sheets.**

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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 with developing a system to monitor and evaluate the food and fluid intake of the identified resident and all other residents with orders for nutritional supplements at meals, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s. 69.1

69. 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.

Findings:

1. **Significant weight loss (5.3% June to July) was not assessed and referred to the Registered Dietitian for follow up.**

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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>L. Wanneres</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>January 31, 2011</i>