

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
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Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 10, 2019	2019_657681_0028	017896-19, 018614-19	Complaint

Licensee/Titulaire de permis

1895357 Ontario Inc.
1202 Highway 94 Corbeil ON P0H 1K0

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

Nipissing Manor Nursing Care Center
1202 Highway 94 Corbeil ON P0H 1K0

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

STEPHANIE DONI (681)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): November 20 - 22, 2019.
Additional off-site inspection activities were completed on November 25, 2019.**

Two complaints submitted to the Director related to dietary services and the home's menu, were inspected during this Complaint inspection.

A Critical Incident inspection #2019_657681_0029, was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Nutrition Manager, Registered Dietitian, Registered Nurses (RNs), Administrative Assistant, Personal Support Workers (PSWs), Cooks, Dietary Aides, and residents.

The Inspector also conducted a tour of the resident care areas, reviewed relevant resident care records and home policies, and observed resident rooms, resident common areas, and the delivery of resident care and services, including staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Dining Observation
Nutrition and Hydration**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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 O.Reg 79/10, s. 71. Menu planning Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

Two complaints were submitted to the Director regarding the home's dining and snack service.

a) The Inspector reviewed the home's menu for regular and therapeutic diets for Thursday's breakfast on Week Three of the home's menu cycle. The menu indicated that breakfast was:

- Fried eggs, bacon, and whole wheat toast OR oatmeal, peanut butter, and white toast for regular diets;
- Minced fried eggs, minced ham, and crustless whole wheat toast OR oatmeal, peanut butter and crustless white toast for minced diets; and
- Pureed eggs, pureed ham, and pureed bread OR multi cereal with peanut butter for pureed diets.

Inspector #681 observed part of the breakfast meal service in a specified dining room in the home. Dietary Staff #103 stated to the Inspector that residents on a pureed diet received pureed cereal and pureed bread with peanut butter for their breakfast meal, and that there were no pureed eggs available.

During an interview with Dietary Staff #104, they stated that they were responsible for preparing breakfast and that they did not have time to prepare the pureed or minced eggs. Dietary Staff #104 stated that pureed eggs only became available part way through the second breakfast seating because they were prepared by the Nutrition Manager.

During an interview with the Nutrition Manager, they stated that pureed eggs were not initially available for the breakfast meal and that they prepared pureed eggs after they identified that this menu item was missing. The Nutrition Manager also stated that minced eggs and pureed ham were not prepared and had not been offered to residents.

b) The Inspector reviewed the home's menu for regular and therapeutic diets for Thursday's lunch on Week Three of the home's menu cycle. The menu indicated that dessert was:

- Banana cream pie OR strawberry ice cream for regular and minced diets;
- Pureed banana cream pie OR strawberry ice cream for pureed diets; and

- Gluten free pie OR strawberry ice cream for gluten restricted diets.

The Inspector observed a lunch meal in a specified dining room in the home. The Inspector observed that desserts were served by Dietary Staff #109, and that residents were offered a choice of either banana cream pie or banana pudding. The Inspector observed that there were also containers of strawberry applesauce and diced peaches on the dessert cart.

During an interview with Dietary Staff #109, they stated that dessert was cream pie or banana pudding and that the applesauce on the dessert cart was for residents who were on a pureed diet.

During an interview with the Nutrition Manager, they stated that strawberry ice cream should have been offered to residents and that it was available in the freezer. The Nutrition Manager verified that there was no pureed cream pie available, nor was there gluten free pie available. The Nutrition Manager also stated that strawberry mousse should have been available for residents who required thickened fluids. The Nutrition Manager stated that all residents should have been offered two dessert choices that were appropriate for their diet type and texture. [s. 71. (4)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager

Specifically failed to comply with the following:

s. 75. (3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities. O. Reg. 79/10, s. 75 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a nutrition manager was on site at the home working in the capacity of nutrition manager for the minimum number of hours per week outlined in the Ontario Regulation (O. Reg.) 79/10, without including any hours spent fulfilling other responsibilities.

Section 75 (4) of the O. Reg. 79/10, identified that a home with a licensed bed capacity of 120 beds would require a nutrition manager to be on site and working in the capacity of a nutrition manager for a minimum of 38.4 hours per week. Section 75 (5) of the O. Reg 79/10 indicates that the Director may take into consideration the hours devoted to producing meals and other food and beverages for non-residents when determining whether the licensee is in compliance with the minimum required onsite Nutrition Manager hours.

During an interview with the home's Nutrition Manager, they stated that they were employed full-time and that they spent a specified amount of time each week assisting with food preparation and managing the food services for the residents who resided in the Retirement Home section of the facility.

The home's Administrator provided the Inspector with a fax correspondence which indicated that the hours worked by home's Nutrition Manager did not fully meet the requirement outline in the Ontario Regulation 79/10. [s. 75. (3)]

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 a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under section 75 (4) of the Ontario Regulation, without including hours spent fulfilling other responsibilities, to be implemented voluntarily.

Issued on this 11th day of December, 2019

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : STEPHANIE DONI (681)

Inspection No. /

No de l'inspection : 2019_657681_0028

Log No. /

No de registre : 017896-19, 018614-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Dec 10, 2019

Licensee /

Titulaire de permis : 1895357 Ontario Inc.
1202 Highway 94, Corbeil, ON, P0H-1K0

LTC Home /

Foyer de SLD : Nipissing Manor Nursing Care Center
1202 Highway 94, Corbeil, ON, P0H-1K0

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Wentworth Graham

To 1895357 Ontario Inc., you are hereby required to comply with the following order(s)
by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

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. O. Reg. 79/10, s. 71 (4).

Order / Ordre :

The licensee must be compliant with s. 71 (4) of the Ontario Regulation 79/10.

Specifically, the licensee must:

- a) Ensure that all planned menu items for regular, therapeutic, and texture modified diets are available and offered to residents at each meal and snack.
- b) Develop and implement an auditing process to ensure that the planned menu options are offered to residents. Documentation of the completed audits must be maintained.

Grounds / Motifs :

1. The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

Two complaints were submitted to the Director regarding the home's dining and snack service.

a) The Inspector reviewed the home's menu for regular and therapeutic diets for Thursday's breakfast on Week Three of the home's menu cycle. The menu indicated that breakfast was:

- Fried eggs, bacon, and whole wheat toast OR oatmeal, peanut butter, and white toast for regular diets;
- Minced fried eggs, minced ham, and crustless whole wheat toast OR oatmeal, peanut butter and crustless white toast for minced diets; and

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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- Pureed eggs, pureed ham, and pureed bread OR multi cereal with peanut butter for pureed diets.

Inspector #681 observed part of the breakfast meal service in a specified dining room in the home. Dietary Staff #103 stated to the Inspector that residents on a pureed diet received pureed cereal and pureed bread with peanut butter for their breakfast meal, and that there were no pureed eggs available.

During an interview with Dietary Staff #104, they stated that they were responsible for preparing breakfast and that they did not have time to prepare the pureed or minced eggs. Dietary Staff #104 stated that pureed eggs only became available part way through the second breakfast seating because they were prepared by the Nutrition Manager.

During an interview with the Nutrition Manager, they stated that pureed eggs were not initially available for the breakfast meal and that they prepared pureed eggs after they identified that this menu item was missing. The Nutrition Manager also stated that minced eggs and pureed ham were not prepared and had not been offered to residents.

b) The Inspector reviewed the home's menu for regular and therapeutic diets for Thursday's lunch on Week Three of the home's menu cycle. The menu indicated that dessert was:

- Banana cream pie OR strawberry ice cream for regular and minced diets;
- Pureed banana cream pie OR strawberry ice cream for pureed diets; and
- Gluten free pie OR strawberry ice cream for gluten restricted diets.

The Inspector observed a lunch meal in a specified dining room in the home. The Inspector observed that desserts were served by Dietary Staff #109, and that residents were offered a choice of either banana cream pie or banana pudding. The Inspector observed that there were also containers of strawberry applesauce and diced peaches on the dessert cart.

During an interview with Dietary Staff #109, they stated that dessert was cream

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

pie or banana pudding and that the applesauce on the dessert cart was for residents who were on a pureed diet.

During an interview with the Nutrition Manager, they stated that strawberry ice cream should have been offered to residents and that it was available in the freezer. The Nutrition Manager verified that there was no pureed cream pie available, nor was there gluten free pie available. The Nutrition Manager also stated that strawberry mousse should have been available for residents who required thickened fluids. The Nutrition Manager stated that all residents should have been offered two dessert choices that were appropriate for their diet type and texture.

The severity of this issue was determined to be a level three, as there was actual risk to the residents of the home. The scope of the issue was a level two, as it was identified to be a pattern, affecting two out of the three meal services observed by the Inspector during the Inspection. The home had a level two compliance history, as they had no previous non-compliance with this section of the Ontario Regulation. (681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 17, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.

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Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 10th day of December, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Stephanie Doni

Service Area Office /

Bureau régional de services : Sudbury Service Area Office