



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

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Performance Improvement and Compliance Branch

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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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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
Sep 30, 2013	2013_202165_0014	H-000569-13	Complaint

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

ANSON PLACE CARE CENTRE  
85 Main Street North, Hagersville, ON, N0A-1H0

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

TAMMY SZYMANOWSKI (165)

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): September 10, 11, 12, 2013

During the course of the inspection, the inspector(s) spoke with health care aides, Registered staff, Director of Care, Administrator, Registered Dietitian (RD), Food Service Manager, residents and family members

During the course of the inspection, the inspector(s) observed meal service, reviewed clinical records, reviewed policy and procedures

The following Inspection Protocols were used during this inspection:



**Nutrition and Hydration**

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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**



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**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).**

**s. 6. (10) 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 other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**



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

A) The plan of care for resident #001 indicated that staff were to use specific strategies during feeding as the resident was more responsive to these strategies. On September 12, 2013, it was observed that staff were not following the strategies for the resident. [s. 6. (7)]

2. The licensee did not ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan was no longer necessary.

A) Resident #008 had documentation in the August 2013, Residential Nutritional and Intake Record as well as, the progress notes that indicated the resident had a decline in fluid consumption including days when the resident consumed less than their established fluid goal. The RD confirmed that they did not receive a referral from the Registered staff that indicated the resident's hydration status had declined however; the expectation would be that a referral would be initiated to the RD. There was no reassessment or revision of the plan care to address the resident's hydration status. The resident was admitted to hospital the following month with dehydration.

B) The RD completed the resident's admission assessment and indicated the resident had poor fluid intake. The resident's Residential Nutritional and Intake Record for January 2013, indicated the resident did not meet their fluid requirements for at least nine days during a two week period. Documentation in the resident's progress notes indicated that family was concerned with the residents inadequate fluid intake however; Registered staff did not initiate a referral to the RD. There was no reassessment and revision of the plan of care and the resident was admitted to hospital with dehydration two days later. [s. 6. (10) (b)]

***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 the care set out in the plan of care is provided to the resident as specified in the plan and that residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan of care was no longer necessary, to be implemented voluntarily.***



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**WN #2: 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. (2) The licensee shall ensure that,**

**(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and O. Reg. 79/10, s. 73 (2).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that no person simultaneously assisted more than two residents who need total assistance with eating or drinking.

A) During the lunch meal September 12, 2013, one staff member was observed feeding three residents simultaneously. The plans of care for resident #001, #002 and #003 indicated that the residents required one person extensive assistance/total assistance and staff confirmed they needed to provide feeding assistance for all three residents.

B) It was noted that the plans of care for resident #004, #005 and #006 required one person extensive assistance/total assistance. Resident #007 sitting at the table required feeding when observed although staff indicated this was not typical. Only one staff member sat at the table providing assistance for all three residents during the lunch meal. One family member was present during the observed lunch meal to provide assistance to resident #004. Resident #007 was served their soup however; assistance was not provided until 10 minutes later when fed by a non-staff member. The resident did not self initiate feeding and only consumed 1/2 a sandwich that staff placed in their hands. [s. 73. (2) (a)]

***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 no person simultaneously assists more than two residents who need total assistance with eating or drinking, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**



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**Specifically failed to comply with the following:**

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
  - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
  - (e) a weight monitoring system to measure and record with respect to each resident,**
    - (i) weight on admission and monthly thereafter, and**
    - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

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**Findings/Faits saillants :**

1. The licensee of the long term care home did not ensure that the hydration program included the development and implementation, in consultation with a registered dietitian who was a member of the staff of the home, of policies and procedures relating to hydration.

A) The home's current policy, Resident Hydration-RCS C-40, dated August 21, 2013, was developed corporately and did not include the home's dietitian in the development and implementation of the hydration policy. The RD confirmed that they had been a staff of the home since November 2012, however; was unaware of the newly developed policy and was not included in the development or implementation of the home's hydration policy. [s. 68. (2) (a)]

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Issued on this 30th day of September, 2013

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

Tammy Szymanowski

