



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 30, 31, Jun 3, 2011; 2011\_071159\_0003; Complaint

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

NORTHRIDGE
496 POSTRIDGE DRIVE, OAKVILLE, ON, L6H-7A2

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Service Manager, Registered Nurse, Personal Support Workers, Dietary Staff, Residents, Family members and Volunteer.

During the course of the inspection, the inspector(s) Reviewed resident health record, interviewed staff, observed lunch meal service in one home area, reviewed menu and food production sheet

The following Inspection Protocols were used in part or in whole during this inspection:

Food Quality

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Definitions, Définitions. Lists abbreviations for WN, VPC, DR, CO, WAO in both English and French.

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 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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**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 subsections:**

**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;**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits sayants :**

1. The plan of care reviewed May 30, 2011 for an identified resident was not reviewed and revised when the resident's care needs changed and the care set out in the plan of care was no longer necessary:

The plan of care created by Registered Dietitian in January 2011 noted that resident is under weight, eats 50-75% of meals. Quarterly MDS assessment and RAP summary of Nutritional status completed May 2011 stated "resident's appetite have improved this quarter."

Progress notes of May 2011 documented by the Registered dietitian stated May 2011 a gain of 7.8% in one month, and resident's weight is within goal weight recommended. The plan of care did not reflect change in resident's weight and improved nutritional intake.

**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 the resident is 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 is no longer necessary, 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 subsections:**

- s. 72. (2) The food production system must, at a minimum, provide for,**
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;**
  - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;**
  - (c) standardized recipes and production sheets for all menus;**
  - (d) preparation of all menu items according to the planned menu;**
  - (e) menu substitutions that are comparable to the planned menu;**
  - (f) communication to residents and staff of any menu substitutions; and**
  - (g) documentation on the production sheet of any menu substitutions. 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**
- (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

**Findings/Faits sayants :**



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1. Menu substitutions were not documented on the production sheet May 30, 2011. Sweet and sour chicken meat balls were prepared and served instead of chicken drum bartons. Vanilla chocolate parfait was prepared instead of lemon tarts listed on the production sheet. Pureed cottage cheese, and pureed black berries were prepared instead of pureed grilled cheese sandwich and fruit cocktail. All substitutions were not marked on the production sheets.
2. Standardized recipes and production sheets for the regular and therapeutic menus were not available. Production sheet provided for the kitchen staff did not correspond to the lunch menu served on May 30, 2011. Menu items served for lunch were not listed on the production sheets i.e pureed cottage cheese, sweet and sour chicken meat balls, fried rice, vanilla chocolate parfait, and diet chocolate pudding.
3. Not all menu items were prepared according to the planned menu for the lunch meal May 30, 2011. Pureed cottage cheese was prepared instead of pureed grilled cheese sandwich, resulting in reduced nutritional value of the meal. Residents on pureed diet were not served bread or grain serving at noon meal. Diabetic diets were served regular dessert chocolate vanilla parfait contrary to diet chocolate pudding listed on the posted planned menu.
4. Not all foods were prepared and served using methods to preserve taste, nutritive value, appearance and food quality. Noon meal service observed May 30, 2011 on the second floor (Summer Home Area) dining room and was noted: consistency of the fried rice was runny and sticky, grilled cheese sandwich soggy and cold, pureed foods served mixed together (sweet and sour meat balls and fried rice), resulting in variation in flavour, taste, reduced nutritional content, compromised appearance and the quality of the meal served to residents.

**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 all food and fluids in the food production system are prepared, stored and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.***

Issued on this 3rd day of July, 2011

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

*AB Selgel*