



**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
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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
Oct 29, 2013	2013_191107_0015	H-000466- 13	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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 9, 10 2013

During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers (PSW), Registered Nursing staff, Registered Dietitian (RD), Acting Executive Director, Acting Director of Care (DOC), Corporate Food Services Manager (FSM), and Food Services Workers (FSW)

During the course of the inspection, the inspector(s) Observed the evening meal service in an identified home area, reviewed clinical health records for identified residents, and reviewed relevant policies and procedures

The following Inspection Protocols were used during this inspection:
Dining Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.)

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

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



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1. [O.Reg. 79/10, s. 8(1)(b)]

A) Staff did not comply with policy "DS-C-15-15 Meal Service Resident Dining" dated 01/07/10 which stated that dining service in residents' rooms would only start after all residents in the dining room had received assistance. Additionally, the "Feeding Assistance Chain of Command" staff communication dated September 21, 2013 stated that tray service would be completed after the dining room meal service for the evening shift on an identified home area. On October 9, 2013 at 1709 hours a PSW arrived in an identified dining room to assist with meal service and left the dining room to provide tray service in a resident's room. The PSW was not available in the dining room for meal assistance. Assistance for residents in the dining room was delayed. Resident #004 was not provided a meal in the dining room until 1730 hours as assistance was not available for the resident. Interview with the Acting Director of Care and Executive Director confirmed that residents requiring room service for meals were to receive their meals after all residents in the dining room had received assistance.

B) During the dinner meal on October 9, 2013 staff did not comply with Policy "DS-C-15-15 Meal Service Resident Dining" and "DS-C-15-20 Seating Plan and Table Rotation" which stated that staff members were to ensure that all residents were seated at their assigned tables/seats at designated meals. Interview with the Acting Director of Care and Executive Director confirmed that seating plans were devised to ensure adequate assistance was available to all residents who required assistance during meal service and to provide assistance as per the "Feeding Assistance Chain of Command". Non-compliance with the seating plan resulted in delayed feeding assistance for residents. [s. 8. (1) (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 ensuring that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with., to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 9; O.Reg. 363/11, s.9(1)2; O. Reg. 246/13, s.9(1)2]

Not all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

On October 10, 2013, in an identified dining room, the door to the servery was left open and unattended. Residents had access to the steam table which was verified to be turned on and hot to the touch, as well as access to the dish area containing cleaning chemicals. The dining area was open to the servery and residents were seated in the dining room at that time. A PSW on the unit confirmed the door was to be closed and locked at all times when unattended. [s. 9. (1) 2.]

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 all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff., to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



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Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. [O.Reg. 79/10, s. 30(2)]

Actions taken with respect to resident #001, under the Nursing and Personal Support Services and Dietary Services and Hydration programs, including reassessment and the resident's responses to interventions, were not documented. At the dinner meal October 9, 2013, resident #001 did not consume their entree and had specific problems with the meal. The resident had a recent diet order change. Documentation in the resident's progress notes did not identify that the resident had difficulties with the dinner meal. The resident had experienced significant weight loss over 3 and 6 months. Interview with the Registered Nurse and PSW on the identified home area revealed that staff were aware of the specific issues and indicated they felt the problem was more of a behaviour. Documentation did not reflect an assessment of the resident's difficulty with meals in relation to their diet change or behaviour, and documentation did not communicate the change to the multi-disciplinary team. [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



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

Not all residents were offered the planned menu items at the dinner meal October 9, 2013 in an identified dining area. The planned menu required pureed bread to be offered with the meal, however, it was not offered to residents until identified by the inspector. The Food Services Worker portioning the meal confirmed that the pureed bread was on the planned menu, however, was not offered to residents as per the planned menu. [s. 71. (4)]

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 planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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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:

4. Monitoring of all residents during meals. 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:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. 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:

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. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.
O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :



1. [O.Reg. 79/10, s. 73(1)4]

Not all residents were monitored during the dinner meal service October 9, 2013 in an identified dining area. Resident #005 was not monitored from 1900 to 1907 hours while beverages were in-front of the resident. Staff had left the dining area and the resident was left alone, out of the visual sight line of staff on the unit. The home's policy "DS C-15-15 Meal Service Resident Dining" required supervision of meals and interview with the Acting Director of Care and Acting Executive Director confirmed that residents were not to be left unattended in the dining areas while eating and drinking. [s. 73. (1) 4.]

2. [O.Reg. 79/10, s. 73(1)5]

A process was not in place to ensure that Food Service Workers and other staff assisting residents were aware of residents' special needs and preferences at the dinner meal on October 9, 2013.

A) The electronic plan of care for resident #006 required meals to be served in a specific manner, however the specific interventions were not identified on the diet list which was used by Food Service Workers in the unit dining room. The resident was not provided with the special interventions and ate poorly.

B) The electronic care plan for resident #004 indicated visual impairment and total dependence for eating. A process was not in place to identify the visual impairment for staff assisting the resident with eating and not all staff assisting the resident with eating were aware of the visual impairment. The resident ate poorly.

C) Resident #009 required a specialized hydration plan. The diet list directed staff to provide specific beverages, however, the seating plan and a different section of the diet list also stated staff were not to provide one one of the specific beverages listed. The information was conflicting. A process was not in place to provide staff with clear direction related to resident's special needs/fluid plan. [s. 73. (1) 5.]

3. [O.Reg. 79/10, s. 73(1)6]

Not all food was served at a temperature that was palatable to residents.

During the evening meal service on October 9, 2013, a hot meal for tray service was pre-plated and left sitting on the steam table for 38 minutes. Prior to delivery of the tray, the inspector requested the temperature of the pre-plated meal, which was 45 degrees Celsius (C). The Food Services Worker indicated that the temperature of the meal was to be a minimum of 60 degrees C. The home's policy "FSO-D-30 Meal Service Temperature Standard" dated Nov 2011, required hot foods to be served at a minimum of 60 degrees C. The policies "DS-C-15-10 Meal Service" dated 01/07/10



and "DS-C-15-25 Tray Service" dated 01/07/10, also stated hot foods must not be pre-plated. Interview with the Corporate Food Services Manager confirmed that pre-plating hot meals for tray service was not permitted. [s. 73. (1) 6.]

4. [O.Reg. 79/10, s. 73(2)(b)]

Residents were served their meal prior to someone being available to provide the assistance required by the resident.

A) Resident #002 received a hot meal at 1715 hours and did not receive assistance until 1725 hours. The resident did not self feed until assistance was provided. The resident's electronic care plan indicated that the resident required minimal to extensive assistance and at times required total feeding assistance.

B) Resident #015 received a hot meal at 1707 hours and did not receive cueing until 1717 hours. The resident did not self feed until cueing was provided. The resident's electronic care plan indicated that resident required supervision and cueing during meals. [s. 73. (2) (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 with ensuring that all residents are monitored during meals, a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, and that food and fluids are served at a temperature that is both safe and palatable to the residents, to be implemented voluntarily.



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

M. Warrener, RD