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

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

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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 |
|---|---|---|---|
| Aug 19, 2019 | 2019_558123_0010 | 030912-18 | Complaint |

**Licensee/Titulaire de permis**

Rykka Care Centres II GP Inc.
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Pine Villa Nursing Home
490 Highway #8 STONEY CREEK ON L8G 1G6

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

MELODY GRAY (123)

## 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): July 26 and 30, 2019.**

**During the course of the inspection the inspector reviewed residents' health records, reviewed the home records and observed residents.**

**During the course of the inspection, the inspector(s) spoke with residents, the Directors of Care (DOCs), the Registered Dietitian (RD), the Medical Director and the Administrator.**

**The following Inspection Protocols were used during this inspection:**

**Nutrition and Hydration**

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

**1 WN(s)**
**1 VPC(s)**
**0 CO(s)**
**0 DR(s)**
**0 WAO(s)**

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

1. The licensee failed to ensure that where the Act or this Regulation required 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, was complied with.

According to O. Reg. 79/10, 68 (1) (b) and (2), the organized program of hydration required under clause 11 (1) (b) of the Act., outlined that every licensee shall ensure that the programs included, the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, policies and procedures relating to nutrition care and dietary services and hydration.

The MOLTC received complaint # 030912-18 from a family member of resident #001 who reported in November 2018, resident #001 was admitted to the hospital and assessed for an identified condition.

The home's policy and procedure, Resident Hydration, #RCS C-40, revised March 10, 2018, was reviewed and it included: Personal Support Workers (PSWs) will record the fluid intake of all residents, after each meal and nourishment. PSWs will provide fluids form the nourishment cart between meals and the amount consumed will be documented. Night-shift registered staff will total the amount of fluid consumed by the resident in a 24-hour period for comparison to the amount specified in the plan of care. Residents who don't meet their identified fluid requirements will be listed on the 24-hour

report and in the total column of the fluid sheet. The registered staff will initiate a Dietary Referral form for every resident who did not consume their required amount of fluids for the 24-hour period over three days, once it is determined there is no reason for the decreased fluid intake. An electronic progress note will be included in the resident's health record identifying this action.

1. The health record of resident #001 was reviewed including the September to November 2018, Daily Food and Fluid Intake Records; the care plan and the progress notes.
Resident #001's plan of care indicated they were assessed as being at an identified level of nutritional risk. They had a variable meal intake, resulting in the potential for altered nutritional intake for their assessed needs. The resident to receive an identified diet and an identified total daily fluid requirement with a goal of ensuring fluid intake of at least an identified amount per day. Interventions included an identified number of beverage servings of per day.

The resident's November 2018, Daily Food and Fluid Intake Record was reviewed and the following was noted:
On ten identified dates in November 2018, the total fluids consumed each day by the resident was an identified number of servings which were below the required amount.

The Registered Dietitian (RD) was interviewed and they confirmed the resident was assessed as being at an identified level of nutritional risk. A referral was created for the resident to be assessed by the RD on an identified date in November 2018, and when they followed-up and visited the home five days later, the resident was in the hospital. They reported the night-shift registered staff usually reviews the total amount of fluids the residents drink and if it is below the required target for a certain period, the registered staff should have made a referral.

The Directors of Care (DOCs) and the Administrator were interviewed and reported that the night staff were to have completed a review of the resident's actual fluid intake and if it was below the targeted daily fluid intake, for three days, a referral to the RD should have been completed as per the home's hydration policy and procedure noted above.

The home did not follow their hydration policy and procedure related to referring resident #001 for RD assessment, when the resident's daily hydration target amounts were not reached on identified days noted above as confirmed with the DOCs and the Administrator.

They also reported the home identified the issue through the continuous quality improvement process and have changed the policy and will be moving to recording residents' fluid intake electronically in the near future.

2. The health record of resident #002 including the progress notes, care plan and daily food and fluid intake records for May and June 2019, was reviewed.

The May 2019, food and fluid intake record had missing documentation/blank spaces on five identified days.

The June 2019, food and fluid intake record had missing documentation/blank spaces on eight identified days.

The staff did not follow the home's hydration policy and procedure related to the documentation of resident #002's hydration on identified dates in May and June, 2019, as noted above and this was confirmed by the DOCs and the Administrator.

3. The health record of resident #003 including the progress notes, care plan and the May and June 2019, food and fluid intake records were reviewed.
Care plan indicated the resident required an identified amount of fluids per day.

The May 2019, daily food and fluid intake record had missing documentation/blank spaces on five identified days.

The resident's June 2019, daily food and fluid intake record had missing documentation/blank spaces on five identified days.

The home's hydration policy and procedure related to documentation of resident #003's food and fluid intake in May and June 2019, was not complied with as noted above and this was confirmed by the DOCs and the Administrator. [s. 8. (1) (a),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 to ensure 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, related to the hydration policy and procedure, to be implemented voluntarily.***

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**Issued on this 18th day of September, 2019**

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

**Original report signed by the inspector.**