



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 19, 27, 2010	2010_165_2922_19Oct112411	Complaint H-01944
Licensee/Titulaire Liuna Local 837 Nursing Home Corporation 44 Hughson Street South Hamilton, ON L8N 2A7		
Long-Term Care Home/Foyer de soins de longue durée Regina Gardens 536 Upper Paradise Road Hamilton ON L9C 5E3		
Name of Inspector(s)/Nom de l'inspecteur(s) Tammy Szymanowski, #165		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to residents receiving the adequate level of assistance and encouragement needed during meal time.</p> <p>During the course of the inspection, the inspector spoke with: the administrator, director of care, registered staff, personal support workers, dietary aides and family members.</p> <p>During the course of the inspections, the inspector: reviewed resident's plans of care and observed meal service.</p> <p>The following Inspection Protocols were used during this inspection: Dining Observation</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>3 WN 1 VPC</p>		

NON-COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg 79/10, 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:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

1. Three staff members and two family members were standing to feed residents during the lunch meal October 19, 2010 and the supper meal October 27, 2010.
2. Staff members were observed feeding at least three residents with large tablespoons during the lunch meal October 19, 2010.

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WN #2: The Licensee has failed to comply with O.Reg79/10, 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:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

1. An identified resident was not provided encouragement or assistance until thirty minutes after being served their soup during the lunch meal October 19, 2010.
2. An identified resident waited for thirty minutes prior to receiving assistance to eat their soup during the lunch meal October 19, 2010.
3. One identified resident did not receive encouragement with their meal until fourteen minutes after being served their supper meal October 27, 2010. The resident only consumed food when staff members were present to provide encouragement or assistance.
4. An identified resident did not receive assistance with their meal until twenty one minutes after their supper meal was served October 27, 2010. A staff member was assisting two other residents across the dining room at the time and another staff member was not able to provide

constant assistance until thirty seven minutes after their meal was served. The resident did not attempt to self feed during the supper meal and required total feeding by staff to complete their meal.

5. One identified resident waited thirty minutes while their table mates ate (assisted with their meals by family members) until staff provided assistance with their own meal.

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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 receive personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg79/10, s .73(2)

(a)The licensee shall ensure that, no person simultaneously assists more than two residents who need total assistance with eating or drinking.

Findings:

1. One staff member in Mohawk Trail was feeding two residents while assisting a third resident during the supper meal October 27, 2010.

Inspector ID #: 165

**Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.**

Title:

Date:

Date of Report: (If different from date(s) of inspection).

