



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

**Health System Accountability and Performance Division
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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 22, 2014	2014_183135_0085	005184-14	Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF RIVERSIDE GLEN
60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8

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

BONNIE MACDONALD (135)

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): October 15-16, 2014.

During the course of the inspection, the inspector(s) spoke with General Manager, Acting Director of Care, Director of Food Services, Dietitian, Assistant Director of Food Services, Neighbourhood Coordinator, Director of Recreation, Recreation Aide, Registered Practical Nurse, 6 Personal Care Aides, Dietary Aide and Resident.

During the course of the inspection, the inspector(s) reviewed resident clinical records and policies and procedures for Nutrition and Hydration. Observed resident care and services provided in resident home area.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management
Dining Observation
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Snack Observation

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and its translation into French.

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:

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).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan when the following occurred:

The Nutritional Care plan for Resident #02, specifies that a referral will be made to the Dietitian when the resident's fluid intake is < 1500 mls. for 5 consecutive days.

Record review of the resident's Nutrition and Hydration Flow sheet revealed for the following 3 periods resident's fluid intake was < 1500 mls./day for 5 or more consecutive days:

#1-6 consecutive days resident's average fluid intake was 818 mls./day.

#2-6 consecutive days resident's average fluid intake was 852 mls./day.

#3-5 consecutive days resident's average fluid intake was 780 mls./day.

In an interview the home's Dietitian confirmed that Resident #02 had not been referred for fluid intake of < 1500 mls./day for 5 consecutive days, as per the plan of care.

During an interview the Dietitian confirmed her expectation that care set out in the plan of care is provided to the resident as specified in the plan related to referrals for residents with low fluid intakes. [s. 6. (7)]

2. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan when the following occurred:

Resident #01's plan of care for Recreational Activities states:

- Resident will attend 4 programs/week

Record review revealed Resident #01 did not attend any Recreation programs for a 3 weeks. Additionally for a 4 week period, the resident attended 8 programs or 50% of the resident's required programs.

In an interview the home's Director of Recreation confirmed his expectation that residents be provided recreational activities as per their plan of care. [s. 6. (7)]



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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 care set out in the plan of care is provided for residents related to referrals for residents with low fluid intakes and providing recreation programs for residents, to be implemented voluntarily.

WN #2: 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 the Nutrition and Hydration Policy Tab # 07-24, April 2014, was complied with when the following occurred:

1. Home's Hydration Policy #4 and #8 state the PCA's will complete the Nutrition and Hydration Flow Sheet immediately following each Resident meal and at the end of the Tea cart (snack) service to accurately record the amount of food and fluid consumed by each resident.

Record review revealed staff had not completed the Nutrition and Hydration Flow Sheets immediately following each meal or snack service, as evidenced by:

Resident #01-meals and snacks were not documented 22.2 % of the time
Resident #02- meals and snacks were not documented 18.5 % of the time
Resident #03- meals and snacks were not documented 20.1 % of the time

In an interview the home's Dietitian confirmed that the residents' Nutrition and Hydration Flow Sheets were not completed immediately following each resident meal and at the end of the Tea cart(snack) service.

2. Home's Hydration Policy #1 states each evening the Nutrition and Hydration Flow Sheets will be tallied by the Night PCA Team.

Record review revealed the Nutrition and Hydration Flow Sheets were not tallied daily 81.8 % of the time for Residents #01, # 02 and # 03 for a 16 day period.

In an interview the home's Director of Food Services confirmed her expectation that residents' Nutrition and Hydration Flow Sheets are completed immediately following each meal or snack service and will be tallied by the Night PCA Team. [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 ensuring that meal and snack intakes are documented on the Nutrition and Hydration Flow Sheets and the Flow Sheets are tallied daily by the Night PCA Team to determine total daily fluid consumption of residents, to be implemented voluntarily.

WN #3: 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. (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:

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

Findings/Faits saillants :



1. The Licensee failed to ensure that there was a process to ensure that food service workers and other staff assisting residents were aware of the residents' diets, special needs and preferences when the following occurred:

Resident #01's plan of care states resident is to receive ½ sandwich and diet juice at PM. Snack service.

During PM. Snack service October 15, 2014, as observed with the home's Dietitian Resident #01 was served a cherry turnover and regular lemonade.

In interview with the staff member it was determined there was no diet list on the snack cart to guide staff on the correct snack to serve the residents according to the resident's nutritional diet types.

In an interview the home's Director of Food Services confirmed her expectation that there is a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences as it relates to snack requirements. [s. 73. (1) 5.]

2. The Licensee failed to ensure that resident was provided with eating aids and assistive devices, required to safely eat and drink as comfortably and independently as possible, as evidenced by the following:

Resident #01's plan of care states resident will be provided assistive eating devices.

During lunch and dinner service October 15, 2014, Resident #01 was not provided assistive eating devices.

In an interview the home's Dietitian confirmed her expectation that residents are provided with eating aids, and assistive devices required to safely eat and drink as comfortably and independently as possible. [s. 73. (1) 9.]



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 there is a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences when serving snacks and the provision of eating aids and assistive devices for residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The Licensee failed to ensure that staff participate in the implementation of the infection prevention and control program as evidenced by the following:

During Dinner service in home area October 15, 2014, staff member was observed clearing resident's soiled dinner plates then serving residents their dessert without practicing hand hygiene in between residents.

In an interview the home's Director of Food Services confirmed her expectation that staff participate in the implementation of the infection prevention and control program when serving resident meals. [s. 229. (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 ensuring that staff participate in the implementation of the infection prevention and control program when serving resident their meals, to be implemented voluntarily.



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Issued on this 22nd day of October, 2014

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