



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
May 27, 2014	2014_228172_0007	L-000545-14	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

JOAN WOODLEY (172)

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): May 21, 2014

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Assistant Director of Care, 1 Registered Nurse, 1 Registered Practical Nurse, 1 Registered Dietitian, and 2 Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed the care conference scheduling, the cleaning schedule for privacy curtains, MAR's and Narcotic count sheets, obtaining consents, the Food and Fluid Intake Flow sheets, the Admission Package, the parking for Long Term Care and the Living Classroom arrangement.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Medication
Nutrition and Hydration
Pain

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. Title: NON-COMPLIANCE / NON - RESPECT DES EXIGENCES. Content includes definitions for WN, VPC, DR, CO, WAO and descriptions of non-compliance findings in English and French.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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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. The Licensee has failed to ensure that the policy Nutrition and Hydration is complied with.

1. Policy review of Nutrition and Hydration Policy [LTC Only] dated April 2014 states under Procedure #4. PCA's will complete the Nutrition and Hydration Flow sheet in the Dining Room immediately following each Resident meal to accurately record the amount of food and fluids consumed by each Resident.

6. At the end of each meal, the RN/RPN will review the Nutrition and Hydration binder for completion. Any incomplete Nutrition & Hydration Flow Sheet will result in the PCA being asked to return to the Dining Room to document intakes.

2. 3 Chart reviews of Nutrition and Hydration Flow Sheets between December 2013 and March 2014 revealed omissions in documentation of food and fluid intake, between 23 to 34% of the time.

3. Interviews with 2 Personal Support Workers (PSW's) revealed, from their perspective, they do not have time to complete the flow sheets.

4. Interview with a member of the Registered Staff confirmed the PSW's are to complete the Nutrition and Hydration Flow Sheet in the dining room immediately following each Resident meal recording the food and fluid intake. As well, the Registered Staff do not check for completeness until the night shift when tallying the 24 hours total and do not follow up with any omissions. A 24 hour total is not possible when there are omissions.

5. Interview with a Registered Dietitian revealed it has been identified that the Nursing staff are not completing the individual meal totals, as well the 24 hour total is not possible due to the omissions.

6. Interviews with an Assistant Director of Care and the Director of Care confirmed the omissions and shared the home's expectation is that the PSW's will be recording/documenting the fluid and food intakes at meal times and snack. If they have not, the Registered staff is to be checking and have the PSW return to the dining room and complete the record of food and fluid intakes. The night shift then calculates the 24 hour intake total. [s. 8. (1) (a),s. 8. (1) (b)]



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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 with the consistent documentation of food and fluid intake and totalling of daily intake for all residents, to be implemented voluntarily.

Issued on this 27th day of May, 2014

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

Joan L. Woodley RN.