



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 17, 2015	2015_258519_0012	#004265-15	Complaint

Licensee/Titulaire de permis

SAINT LUKE'S PLACE
1624 Franklin Blvd. CAMBRIDGE ON N3C 3P4

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

SAINT LUKE'S PLACE
1624 FRANKLIN BOULEVARD CAMBRIDGE ON N3C 3P4

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

SHERRI GROULX (519)

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): April 15 and 16, 2015

This Complaint inspection was related to dining and snack service.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Dietary Aide, a Personal Support Worker, the Dietician, and four Residents.

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

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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 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.

During this complaint inspection it was noted that the lunch service in a select home area dining room started late and several residents were dissatisfied with the wait.

Observations by the Inspector started at 1200 hours in a select home area dining room. Two residents were already sitting at their table. It was noted that the Dietary Aide was handing out pre-poured juices, water, and milk from a mobile cart at 1202 hours.

At 1210 hours there were still no Personal Support Workers (PSWs) assisting in the dining room. The delivery of soup had not started yet and it was noted that the residents who were sitting at their tables, some had started to eat the soda crackers meant to accompany the soup.

During an interview with the Dietary Aide at 1213 hours it was mentioned that the PSW usually hands out the fluids, and that they must be running short, as she did not usually do this task.

During an interview with the two residents sitting at their table it was revealed that they had been waiting ten minutes already but had waited thirty minutes or more at breakfast earlier in the day. They also added this was a common occurrence.

At 1218 hours it was noted that various staff, such as the Payroll staff and the Dietician, were bringing residents to the dining room.

At 1222 hours it was noted that there were four PSWs now in the dining room as well as practical nursing students.

During an interview with a PSW at 1225 hours, it was revealed that they were fully staffed but that the staff were busy with residents, causing the delay.

At 1228 hours one resident at a select table stated to the Inspector, " I wonder when they are going to feed us. It seems like we are always last. We should just get up and walk



out". It was noted at this time that soup delivery to residents was just beginning.

At 1240 hours, soup bowls were being removed by a student nurse and show plates for the main course was beginning.

At 1330 hours it was noted that some residents were just finishing their lunch as other residents were being escorted from the dining room.

Interview with an identified resident revealed that this lunch service was late as well as the breakfast service this same day. It was mentioned how this issue has been discussed with Management repeatedly but there has not been a solution found that has been consistent. They commented that each staff member has their own way of doing things.

The Inspector reviewed the home's policy, titled "Meal Service/Feeding a Resident", Policy # N-I-J-13/D312, dated as revised October 2014 where it stated under Appendix A that the select home area dining room lunch service was to be held between 1200 hours and 1300 hours.

Upon interview with the Director of Care it was confirmed that the lunch service on this select home area dining room was late on the date observed, and verified that this was not according to the home's policy as it started after 1200 hours and lasted until 1330 hours. [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, to be implemented voluntarily.



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Issued on this 17th day of April, 2015

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

Original report signed by the inspector.