

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: January 6, 2025
Inspection Number: 2024-1208-0003
Inspection Type: Complaint
Licensee: Revera Long Term Care Inc.
Long Term Care Home and City: Sara Vista, Elmvale

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 10, 12, and 17 - 19, 2024.
The inspection occurred offsite on the following date(s): December 13, 2024.

The following intake(s) were inspected in this Complaint inspection:

- Intake: #00124262, concerns related to unexperienced staff cooking meals, meal options, and recreational program
- Intake: #00130803, concerns related to improper care of a resident

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Staffing, Training and Care Standards

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

The licensee has failed to ensure that a resident was provided assistance as per their plan of care related to continence care.

Rationale and Summary

A resident who was at high risk of altered skin integrity was not provided peri-care as per their plan of care.

When the home failed to implement the intervention specified in the resident's plan of care, the resident was put at risk for recurring skin breakdown.

Sources: Care plan, documentation survey report, observation, interviews with staff

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to

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nutritional care and dietary services and hydration;

The licensee failed to ensure that the home's development and implementation of the dietary program polices were implemented.

In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee was required to ensure that dietary guidelines were implemented for therapeutic menus and production sheets. Specifically, staff did not comply with the home's policy titled Meal Production Guidelines, modified March 31, 2022, which was included in the home's dietary program procedures.

Summary and Rationale

A dietary staff was responsible to serve the lunch meal service to the residents in the home.

The dietary served minced and puree diet textures with scoop sizes that were not determined by the home's production sheets and did not provide full scoop sizes for both puree and minced meals. They did not provide a consistent number of five perogies for each resident as per the home's production sheets.

When residents were not provided the appropriate serving size that was determined by the home's production sheets and on the approved menu, they were at risk of not meeting their nutritional needs for the specified day.

Sources: Observations during lunch service, review of the home's Meal Production Guidelines, production sheets, interview with staff.

WRITTEN NOTIFICATION: Food production

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to prevent adulteration, contamination and food borne illness.

Summary and Rationale

Temperatures of hot and cold foods served at lunch were not taken or recorded at point of service.

The home's policy required either the Cook or Food Service Worker to take temperatures of the menu items for all diet types and textures, and record it on the Meal Service Daily Temperature Record or in Menu Software System.

Failing to take and record temperatures at point of service, and failing to take corrective actions for food items when they did not reach minimum required temperatures put residents at risk of foodborne illness.

Sources: Observations, Food Temperature Checklist policy, interview with staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)

Dining and snack service

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s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The licensee failed to ensure that someone was available to provide assistance to a resident when their meal was served to them.

Summary and Rationale

A resident was provided a hot entrée puree meal during lunch however, nobody provided any verbal cueing, redirection or assistance to eat for 20 minutes.

When the resident did not receive the assistance they required, their meal may not have been at a temperature that was palatable and enjoyable for the resident.

Sources: Observations, review of resident's care plan and interview with staff.

WRITTEN NOTIFICATION: Food service workers, training and qualifications

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 84 (1)

Food service workers, training and qualifications

s. 84 (1) Every licensee of a long-term care home shall ensure that food service workers other than cooks to whom section 82 applies,

(a) have successfully completed or are enrolled in a Food Service Worker program at a college of applied arts and technology or a Food Service Worker program provided by a private career college;

(b) have successfully completed an apprenticeship program in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998, the Ontario College of Trades and Apprenticeship Act, 2009, or the Building

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Opportunities in the Skilled Trades Act, 2021;

(c) have entered into a registered training agreement in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998, the Ontario College of Trades and Apprenticeship Act, 2009 or the Building Opportunities in the Skilled Trades Act, 2021; or

(d) have, in the reasonable opinion of the licensee, appropriate skills, knowledge and experience in the fields of institutional, health care, restaurant or hospitality food service to perform the duties required of the position. O. Reg. 246/22, s. 84 (1); O. Reg. 66/23, s. 20 (1, 2).

The Licensee failed to ensure that employees working as food service workers were qualified.

Summary and Rationale

The Ministry of Long-Term Care was notified of concerns in the home's dietary department related to staff working in the dietary department that were not qualified.

For months, the home did not always have a part time Cook or a Food Service Manager employed in the home. In the absence of a Cook, the home utilized unqualified staff to prepare, cook and serve food to the residents.

Residents were at risk of their dietary needs not being met when the home did not consistently utilize qualified employees in the dietary department to prepare, cook and serve food.

Sources: Review of the dietary department schedule, interview with staff.

COMPLIANCE ORDER CO #001 Menu planning

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

A) Provide education to the Food Service Manager (FSM), ESM and cook on the home's policy for emergency menu planning and the home's process for making menu changes. The education must be documented and include the date the education was completed, the name of the person completing the education, a copy of the education and a sign off from the FSM, ESM and cook that education was completed. A copy of the education must be kept in the home.

B) Complete audits of the home's posted daily menu board and meal service to ensure that all of the menu items to be served matches the approved weekly menu cycle. The audit must include documentation for when substitutions are made that they are documented with a rationale as to why the substitution occurred, who approved the substitutions and that the changes to the menu are communicated to residents. The audit must also include the date the audit is completed, who completed the audit and if deficiencies are determined, what corrective action was taken. The audits must be completed daily at lunch and dinner for one month, and be completed prior to meal service to ensure that if corrective action is required, it can be taken before meal service begins. A record of the audits must be kept in the home.

Grounds

The licensee failed to ensure that the planned menu items were offered and available at each meal and snack.

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Summary and Rationale

The Ministry of Long-Term Care was notified of concerns in the home's dietary department related to residents in the home not being served planned menu items.

The home was to have kitchen renovations completed and the lunch menu had been changed without the Dietitian or Executive Director (ED) approval. Residents at the home were not provided or offered the planned menu items from the approved menu and they were not provided or offered an alternate choice of entrée or soup option. The dietary staff did not prepare or offer the following items: chicken rice soup, unsalted crackers, roast beef submarine sandwich or rainbow coleslaw or any other alternate choices.

The home did not have a Food Service Manager (FSM) or a part time cook for many months and unqualified staff would provide assistance in the dietary department to prepare, cook and serve meals.

Additionally, there was miscommunication and the renovations were delayed. Furthermore, they did not give direction to implement the home's emergency menu.

Residents were at risk when their daily nutritional needs may not have been met when menu items were being excluded and substituted when the home did not have a part time cook and utilized agency employees, PSW's and the ESM to prepare, cook and serve food in the kitchen. Changes to the approved daily menu were occurring without the consultation of a qualified Dietitian, FSM or ED.

Sources: Review of the home's posted approve weekly menu for week 1, daily menu, emergency menu, interview with staff.

This order must be complied with by February 14, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.