



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 4, 2018	2018_657681_0021	010518-18, 010522-18, 010524-18	Follow up

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**Licensee/Titulaire de permis**

Anson General Hospital  
58 Anson Drive IROQUOIS FALLS ON P0K 1E0

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

South Centennial Manor  
240 Fyfe Street IROQUOIS FALLS ON P0K 1E0

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

STEPHANIE DONI (681)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): September 24-25, 2018.**

**The following intakes were inspected on during this Follow up inspection:**

**- One intake related to compliance order (CO) #001 that was issued during inspection #2018\_668543\_0012, s. 30 (1) (3) of the Ontario Regulation 79/10, specific to the home's nutrition care and dietary services program.**

**- One intake related to CO #002 that was issued during inspection #2018\_668543\_0012, s. 75 (3) of the Ontario Regulation 79/10, specific to the nutrition manager's hours.**

**- One intake related to CO #003 that was issued during inspection #2018\_668543\_0012, s. 71 (1) (e) of the Ontario Regulation 79/10, specific to the menu cycle being approved by the home's registered dietitian.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Food Service and Nutrition Manager, Registered Dietitian (RD), and residents.**

**The Inspector also conducted a tour of the resident care areas, reviewed relevant resident care records, home investigation notes, home policies, and observed resident rooms, resident common areas, and the delivery of resident care and services, including resident-staff interactions.**

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

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 71. (1)	CO #003	2018_668543_0012		681
O.Reg 79/10 s. 75. (3)	CO #002	2018_668543_0012		681



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**



**Specifically failed to comply with the following:**

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the nutrition care and dietary services program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

During Inspection #2018\_668543\_0012, compliance order (CO) #001 was issued to the home to address the licensee's failure to comply with s. 30 (1) (3) of the Ontario Regulation 79/10.

The CO indicated that the licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10. Specifically the licensee must:

- a) Ensure that the nutrition care and dietary services program was evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.



b) Ensure that the dietary services component of the nutrition care and dietary services program included menu planning; food production; dining and snack service; and availability of supplies and equipment for food production and dining and snack service.

c) Ensure that the home's Registered Dietitian was involved in the evaluation and revision of the policies and procedures related to the home's nutrition care and dietary services program.

The compliance due date of this order was June 15, 2018.

Inspector #681 reviewed the home's nutrition care and dietary services program and noted that the policies related to the nutrition care of residents in the home had a review date of July 14, 2017. In addition, the policy titled "Nutrition and Hydration Program" had a revision date of February 16, 2017.

During an interview with the Food Service and Nutrition Manager, they indicated that they were involved in the evaluation and revision of the clinical nutrition policies and that these policies were reviewed at either the Fine Dining Committee meetings or Long-Term Care Committee meetings. The Food Service and Nutrition Manager stated that the clinical nutrition policies were last reviewed July 14, 2017, and that, to their knowledge, this component of the nutrition care and dietary services program had not been reviewed since compliance order #001 was issued to the home on May 22, 2018. The Food Service and Nutrition Manager also indicated that the policy titled "Nutrition and Hydration Program" was last reviewed on February 16, 2017.

During an interview with RD #103, they indicated that they had been the home's only dietitian since June 2018. RD #103 stated that they had not reviewed any components of the nutrition care and dietary services program because this had been completed by the home's previous dietitian.

During an interview with the DOC, they stated that there was a dietary component and a clinical component to the home's nutrition care and dietary services program. The DOC stated that they were the one responsible for signing off on the clinical component of the program. The DOC stated that the clinical component of the program was last evaluated and revised in July 2017, and was signed off by the home's previous DOC. The DOC stated that the clinical nutrition policies in place during the last inspection were still the same policies that were currently in place. [s. 30. (1) 3.]



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***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 5th day of October, 2018**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** STEPHANIE DONI (681)

**Inspection No. /**

**No de l'inspection :** 2018\_657681\_0021

**Log No. /**

**No de registre :** 010518-18, 010522-18, 010524-18

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Oct 4, 2018

**Licensee /**

**Titulaire de permis :** Anson General Hospital  
58 Anson Drive, IROQUOIS FALLS, ON, P0K-1E0

**LTC Home /**

**Foyer de SLD :** South Centennial Manor  
240 Fyfe Street, IROQUOIS FALLS, ON, P0K-1E0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Paul Chatelain

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To Anson General Hospital, you are hereby required to comply with the following order (s) by the date(s) set out below:





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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2018\_668543\_0012, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

**Order / Ordre :**

The licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10.

Specifically, the licensee must ensure that the nutrition care and dietary services program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the nutrition care and dietary services program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

During Inspection #2018\_668543\_0012, compliance order (CO) #001 was issued to the home to address the licensee's failure to comply with s. 30 (1) (3) of the Ontario Regulation 79/10.

The CO indicated that the licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10. Specifically the licensee must:

- a) Ensure that the nutrition care and dietary services program was evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.
- b) Ensure that the dietary services component of the nutrition care and dietary services program included menu planning; food production; dining and snack service; and availability of supplies and equipment for food production and dining and snack service.
- c) Ensure that the home's Registered Dietitian was involved in the evaluation and revision of the policies and procedures related to the home's nutrition care and dietary services program.

The compliance due date of this order was June 15, 2018.

Inspector #681 reviewed the home's nutrition care and dietary services program and noted that the policies related to the nutrition care of residents in the home had a review date of July 14, 2017. In addition, the policy titled "Nutrition and Hydration Program" had a revision date of February 16, 2017.

During an interview with the Food Service and Nutrition Manager, they indicated that they were involved in the evaluation and revision of the clinical nutrition policies and that these policies were reviewed at either the Fine Dining Committee meetings or Long-Term Care Committee meetings. The Food Service and Nutrition Manager stated that the clinical nutrition policies were last reviewed July 14, 2017, and that, to their knowledge, this component of the nutrition care and dietary services program had not been reviewed since



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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

compliance order #001 was issued to the home on May 22, 2018. The Food Service and Nutrition Manager also indicated that the policy titled "Nutrition and Hydration Program" was last reviewed on February 16, 2017.

During an interview with RD #103, they indicated that they had been the home's only dietitian since June 2018. RD #103 stated that they had not reviewed any components of the nutrition care and dietary services program because this had been completed by the home's previous dietitian.

During an interview with the DOC, they stated that there was a dietary component and a clinical component to the home's nutrition care and dietary services program. The DOC stated that they were the one responsible for signing off on the clinical component of the program. The DOC stated that the clinical component of the program was last evaluated and revised in July 2017, and was signed off by the home's previous DOC. The DOC stated that the clinical nutrition policies in place during the last inspection were still the same policies that were currently in place.

The severity of this issue was determined to be a level one, as there was minimum risk to the residents in the home. The scope of the issue was a level three, as it was related to all the residents of the home. The home had a level three compliance history, as they had related non-compliance that included:

- voluntary plan of correction (VPC) issued December 21, 2015, related to s. 68 (2) (a) of the Ontario Regulation 79/10 (#2015\_376594\_0026).

- VPC issued December 21, 2015, related to s. 30 (1) (c) of the Ontario Regulation 79/10 (#2015\_376594\_0026).

-CO issued May 22, 2018, related to s. 30 (1) (3) of the Ontario Regulation 79/10, with a compliance due date (CDD) of June 15, 2018, (#2018\_668543\_0012). (681)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2018**



**Ministry of Health and  
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section 154 of the *Long-Term Care  
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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 4th day of October, 2018**

**Signature of Inspector /  
Signature de l'inspecteur :**





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Aux termes de l'article 153 et/ou  
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de soins de longue durée, L.O. 2007, chap. 8*

**Name of Inspector /**

Stephanie Doni

**Nom de l'inspecteur :**

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office