

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Apr 14, 2021	2020_617148_0016 (A3)	005151-20, 005152-20, 005153-20, 005154-20, 005155-20	Follow up

Licensee/Titulaire de permis

Mohawk Council of Akwesasne
P.O. Box 579 Cornwall ON K6H 5T3

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

Tsiionkwanonhsote
70 Kawehnoke Apartments Road Akwesasne ON K6H 5R7

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

Amended by AMANDA NIXON (148) - (A3)

Amended Inspection Summary/Résumé de l'inspection modifié

**Inspection Report under
the Long-Term Care
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foyers de soins de longue
durée**

**Administrator requesting extension to compliance due date. After discussion,
compliance due date extended to May 21, 2021.**

Issued on this 14th day of April, 2021 (A3)

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

Original report signed by the inspector.

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

Amended by AMANDA NIXON (148) - (A3)

Amended Inspection Summary/Résumé de l'inspection

**Inspection Report under
*the Long-Term Care
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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): December 8-10 and 14-18, 2020

This inspection was conducted to follow up with five Compliance Orders issued March 4, 2020 (#2020_617148_0005). This included, Log #005151-20, related to resident body weight changes; Log #005152-20, related to menus; Log #005153-20, related to food production and recipes; Log #005154-20, related to communication process of dietary needs; and Log #005155-20, related to staffing of a Registered Dietitian.

During the course of the inspection, the inspector(s) spoke with the Administrator, Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator, Food Service Manager (FSM), Registered Nurses, Registered Practical Nurses, Personal Support Workers, Food Service Workers (FSW) and residents.

In addition, the Inspector(s) reviewed resident health care records, documents related to the food production and nutrition hydration program including associated policies and protocols, and meeting minutes of the Resident Council. The Inspector(s) also observed meal services and use of personal protective equipment.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Infection Prevention and Control
Nutrition and Hydration**

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

- 6 WN(s)**
- 1 VPC(s)**
- 3 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 68. (2)	CO #005	2020_617148_0005	148
O.Reg 79/10 s. 71. (1)	CO #001	2020_617148_0005	148
O.Reg 79/10 s. 74. (1)	CO #003	2020_617148_0005	148

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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

**Inspection Report under
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durée**

1. The licensee has failed to ensure that that the home was a safe and secure environment for its residents as it relates to the use of surgical/procedure masks, for universal masking.

The Chief Medical Officer of Health Directive # 3 for Long-Term Care Homes (December 7, 2020) describes that universal masking includes that all staff must wear a surgical/procedure mask for the entire duration of their shift in a long-term care home.

A staff member was conducting active screening of visitors while wearing a mask below the nose. A FSW was wearing a mask positioned below the nose while plating and serving the lunch meal. A PSW was wearing a mask below the chin, whereby the mask did not cover the nose or mouth. The same PSW was seated beside a resident at a table and was leaning in to speak to the resident. Additional observations were made of an RN, an RPN and two other PSWs whereby they were wearing a mask below their nose while in resident care areas.

By not correctly wearing surgical masks, staff pose an infection control risk to residents and other staff.

Sources: Chief Medical Office of Health Directive #3 and observations of staff members. [s. 5.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

**s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s.
72 (2).**

**s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10,
s. 72 (2).**

Findings/Faits saillants :

**Inspection Report under
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**Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée**

1. The licensee has failed to ensure that the food production system included standardized recipes and production sheets for the gluten restricted and low potassium menus.

Food items that were planned to be prepared for the gluten restricted and the low potassium menus at the lunch meal service on December 8, 9 and 10, 2020, did not have corresponding standardized recipes and were not included on the production sheets.

A lack of standardized recipes and the inclusion of all menu items on the production sheet may contribute to menu items not being produced as planned.

Sources: Fall/Winter 2020/21 menu cycle, available standardized recipes and production sheets and meal observations. [s. 72. (2) (c)]

2. The licensee has failed to ensure that the food production system at a minimum, provided for the preparation of all menu items according to the planned menu.

Food items were not portioned as directed by the planned menu. Inappropriate portioning utensils were used which led to smaller portion sizes than the planned menu.

Minced vegetables were not prepared according to the planned menu.

The planned menu for gluten restriction and low potassium were not prepared according to the planned menu.

When food items are not prepared according to the planned menu there is a risk that nutritional needs of residents may not be met.

Sources: Fall/Winter 2020/21 menu cycle, therapeutic menus and observations of meal service. [s. 72. (2) (d)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A3)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002

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:

8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

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durée**

1. The licensee has failed to ensure that the dining service included a process to ensure that food service workers were aware of the residents' diets, special needs and preferences.

A FSW pre-plated six to eight resident plates at a time and put the plates on a wheeled cart. The cart was then taken to the dining room by a second FSW, who distributed the plates to residents. The resident/diet list available to staff was not in use during the meal services. Two FSWs reported not knowing where to find information on resident nutritional needs and preferences. In addition, a FSW, was not able to identify residents who required gluten free diets. FSWs reported that the current resident/diet list did not provide clear direction for their use. Staff at the meal services did not have a process to ensure that they were aware of the residents' diet, special needs and preferences which poses a risk that resident nutritional needs and preferences may not be met.

Sources: Interviews with FSWs and observations. [s. 73. (1) 5.]

2. The licensee has failed to ensure that the home has a dining and snack service that includes course by course service of meals for each resident.

A FSW provided residents with the dessert course prior to residents having completed their main course.

Sources: Interview with a FSW and observations. [s. 73. (1) 8.]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**(A3)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 003**

**WN #4: 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 has failed to ensure that the care set out in the plan of care for a resident was provided to the resident, specifically the provision of a therapeutic diet.

A resident was not provided with gluten free interventions as specified by the plan of care. A FSW was informed of the error but no further action was taken and the resident consumed food items containing gluten. By not providing the resident with the care specified in the plan of care, the nutritional needs of the resident were not met.

Sources: Health care record of the resident, observations and interview with a FSW and other staff. [s. 6. (7)]

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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

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

Food items were pre-plated by FSWs. Residents were then presented with the pre-plated food items and offered a choice of entrée; residents were not offered choice of vegetable.

Puree food items were pre-plated by FSWs, residents were given a meal chosen by the FSW; residents were not given choice of entrée, vegetable or dessert.

Puree bread was not offered to residents.

By not offering or making available the planned menu items, the nutritional intake of residents is at risk.

Sources: Observations of meal service and interviews with FSWs. [s. 71. (4)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with Compliance Order (CO) #003 from Inspection #2020_617148_0005 served on March 5, 2020 with an amended compliance due date of October 31, 2020.

The required strategies to identify residents at nutritional/hydration risk and mitigate those risks during the recruitment of a Registered Dietitian was not developed.

Sources: CO #003 from #2020_617148_0005; interview with Administrator. [s. 101. (3)]

Issued on this 14th day of April, 2021 (A3)

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

Original report signed by the inspector.

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 Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by AMANDA NIXON (148) - (A3)

**Inspection No. /
No de l'inspection :** 2020_617148_0016 (A3)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 005151-20, 005152-20, 005153-20, 005154-20,
005155-20 (A3)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** Apr 14, 2021(A3)

**Licensee /
Titulaire de permis :** Mohawk Council of Akwesasne
P.O. Box 579, Cornwall, ON, K6H-5T3

**LTC Home /
Foyer de SLD :** Tsiionkwanonhsote
70 Kawehnoke Apartments Road, Akwesasne, ON,
K6H-5R7

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Vincent Barry Lazore

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

To Mohawk Council of Akwesasne, you are hereby required to comply with the
following order(s) by the date(s) set out below:

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

Order # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.
2007, c. 8, s. 5.

Order / Ordre :

The licensee must be in compliance with LTCHA, 2007, s. 5

Specifically, the licensee must:

- Ensure that staff members follow universal masking, as described by Directive #3. The identified staff members are to be re-trained on the donning of a face mask.

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

Grounds / Motifs :

1. The licensee has failed to ensure that that the home was a safe and secure environment for its residents as it relates to the use of surgical/procedure masks, for universal masking.

The Chief Medical Officer of Health Directive # 3 for Long-Term Care Homes (December 7, 2020) describes that universal masking includes that all staff must wear a surgical/procedure mask for the entire duration of their shift in a long-term care home.

A staff member was conducting active screening of visitors while wearing a mask below the nose. A FSW was wearing a mask positioned below the nose while plating and serving the lunch meal. A PSW was wearing a mask below the chin, whereby the mask did not cover the nose or mouth. The same PSW was seated beside a resident at a table and was leaning in to speak to the resident.

Additional observations were made of an RN, an RPN and two other PSWs whereby they were wearing a mask below their nose while in resident care areas.

By not correctly wearing surgical masks, staff pose an infection control risk to residents and other staff.

Sources: Chief Medical Office of Health Directive #3 and observations of staff members.

An order was made by taking the following factors into account:

Severity: There was actual risk of harm to residents given the Covid-19 pandemic and risk of spreading the virus to residents when personal protective equipment is not worn correctly. An outbreak in the home was declared on December 11, 2020.

Scope: The scope of this non-compliance was identified as widespread, as eight staff members were observed, in various areas of the home, not properly wearing masks.

Compliance History: There has been no non-compliance issued to this section in the past 36 months. (148)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 27, 2021

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

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

Order # /**No d'ordre:** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre existant:**

2020_617148_0005, CO #004;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum,
provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable
foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral
formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg.
79/10, s. 72 (2).

Order / Ordre :

The licensee must be in compliance with O. Regulation, 79/10, 72 (2)

Specifically, the licensee must:

- Develop and have available for use standardized recipes for the gluten
restricted and low potassium menus;

- Include the production of gluten restricted and low potassium food items on
the daily production sheets; and

- Ensure that all menus are prepared and portioned as directed by the
planned menu. Specifically, staff are to have available and use appropriate
portioning utensils and prepare all menu items as directed by the
standardized recipes.

Grounds / Motifs :

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

1. Compliance order #004 related to O. Reg 79/10, s. 72(2) from inspection #2020_617148_0005 issued on March 5, 2020, with an amended compliance due date of October 31, 2020 is being re-issued as follows:

The licensee has failed to ensure that the food production system included standardized recipes and production sheets for the gluten restricted and low potassium menus.

Food items that were planned to be prepared for the gluten restricted and the low potassium menus at the lunch meal service on December 8, 9 and 10, 2020, did not have corresponding standardized recipes and were not included on the production sheets.

A lack of standardized recipes and the inclusion of all menu items on the production sheet may contribute to menu items not being produced as planned.

Sources: Fall/Winter 2020/21 menu cycle, available standardized recipes and production sheets and meal observations. [s. 72. (2) (c)]

2. The licensee has failed to ensure that the food production system at a minimum, provided for the preparation of all menu items according to the planned menu.

Food items were not portioned as directed by the planned menu. Inappropriate portioning utensils were used which led to smaller portion sizes than the planned menu.

Minced vegetables were not prepared according to the planned menu.

The planned menu for gluten restriction and low potassium were not prepared according to the planned menu.

When food items are not prepared according to the planned menu there is a risk that nutritional needs of residents may not be met.

Sources: Fall/Winter 2020/21 menu cycle, therapeutic menus and observations of meal service.

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

An order was made by taking the following factors into account:

Severity: There was minimal risk to residents as those who required specified texture modified foods and therapeutic diets did not have access to the planned menu items at each meal.

Scope: The scope was identified as a pattern, as approximately 40% of the resident population required texture modification and/or gluten restricted or low potassium menus.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with O. Reg 79/10, s. 72(2) and a Compliance Order was issued to the home on March 5, 2020, during inspection #2020_617148_0005 with an amended compliance due date of October 31, 2020. (148)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 21, 2021(A3)

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

Order # /**No d'ordre:** 003**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /**

2020_617148_0005, CO #002;

Lien vers ordre existant:**Pursuant to / Aux termes de :**

O.Reg 79/10, 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:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
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.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

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

The licensee must be in compliance with O. Regulation, 79/10, 73 (1)

Specifically, the licensee must:

- Review and revise the resident/diet list to ensure that the information regarding resident's diets, special needs and preferences are clearly communicated to staff; and
- Develop an auditing process to ensure that staff reference and utilize the resident/diet list, as needed, to ensure that resident nutritional needs are known. The audits are to be documented and are to continue until compliance has been achieved.

Grounds / Motifs :

(A2)

1. Compliance order #002 related to O. Reg 79/10, s. 73(1) from inspection #2020_617148_0005 issued on March 5, 2020, with an amended compliance due date of October 31, 2020 is being re-issued as follows:

The licensee has failed to ensure that the dining service included a process to ensure that food service workers were aware of the residents' diets, special needs and preferences.

A FSW pre-plated six to eight resident plates at a time and put the plates on a wheeled cart. The cart was then taken to the dining room by a second FSW, who distributed the plates to residents. The resident/diet list available to staff was not in use during the meal services. Two FSWs reported not knowing where to find information on resident nutritional needs and preferences. In addition, a FSW, was not able to identify residents who required gluten free diets. FSWs reported that the current resident/diet list did not provide clear direction for their use. Staff at the meal services did not have a process to ensure that they were aware of the residents' diet, special needs and preferences which poses a risk that resident nutritional needs and preferences may not be met.

Sources: Interviews with FSWs and observations. [s. 73. (1) 5.]

The licensee has failed to ensure that the home has a dining and snack service that includes course by course service of meals for each resident.

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A FSW provided residents with the dessert course prior to residents having completed their main course.

Sources: Interview with a FSW and observations.

An order was made by taking the following factors into account:

Severity: There was minimal risk to residents as staff were not aware of the nutritional needs of residents.

Scope: The scope was identified as widespread, as staff responsible for the meal service were not aware of the process available to them to identify resident nutritional needs.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with O. Reg 79/10, s. 73 (1) and a Compliance Order was issued to the home on March 5, 2020, during inspection #2020_617148_0005 with an amended compliance due date of October 31, 2020.

(148)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 21, 2021(A3)

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2007, c. 8

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foyers de soins de longue durée*, L.O.
2007, chap. 8

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 Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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:

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

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foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of 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.

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2007, chap. 8

**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 des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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2007, chap. 8

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)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère 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.

Issued on this 14th day of April, 2021 (A3)

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

**Name of Inspector /
Nom de l'inspecteur :**

Amended by AMANDA NIXON (148) - (A3)

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

Ottawa Service Area Office