

**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**Central West Service Area Office  
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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>
Dec 16, 2019	2019_830752_0003	020656-19, 021507- 19, 021835-19	Complaint

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**Licensee/Titulaire de permis**Vigour Limited Partnership on behalf of Vigour General Partner Inc.  
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Tullamore Care Community  
133 Kennedy Road South BRAMPTON ON L6W 3G3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LUCIA KWOK (752), LALEH NEWELL (147)

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**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): November 20, 21, 22, 25, 26, 27, 2019.**

**Log # 021835-19 related to personal care supplies, dining services, alleged improper treatment by staff to residents;**

**Log # 020656-19 related to alleged staff to resident abuse;**

**Log # 021507-19 related to neglect of care.**

**During the course of the inspection, the inspector(s) spoke with residents, the Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Social Worker/Resident Relations Coordinator, Director of Dietary (DD), Food Service Supervisor, Behavioural Supports Ontario (BSO) Lead, Registered Nurses (RN), Registered Dietitian (RD), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Cook, and Dietary Aides.**

**The inspector(s) also observed resident care, meal services, resident and staff interactions, completed interviews, and reviewed pertinent clinical records such as, progress notes, assessments, physician orders, written care plans, reviewed relevant home's investigation records and relevant policies and procedures.**

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

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

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

**2 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>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 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 has failed to ensure that where the Act and Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any system, the system was complied with.

In accordance with LTCHA, s. 11 (1) (b), and in reference to O. Reg. 79/10, s. 68 (2) (d), the licensee was required to have an organized program of hydration that included a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Specifically, the licensee failed to comply with its policy #VII-I-10.00 titled, "Hydration and Nutrition Monitoring", last revised April 2019. The policy stated that all residents' food and fluid intake would be monitored and recorded daily.

It stated that the nurse would:

- provide close monitoring of residents with uncharacteristic changes in food or fluid intake and refer to Registered Dietitian (RD) if there were any unexpected changes.
- provide close monitoring of residents on fluid restrictions and those most at risk of dehydration i.e. those who were total assistance with intake, and refer to RD if there were any unexpected changes.
- review the electronic 3 Day Look Back Reports daily for undesirable intake trends and gaps over a 72-hour period. For residents drinking six servings or less of fluid for three consecutive days, assess for signs and symptoms of dehydration.
- refer to the RD any resident exhibiting signs and symptoms of dehydration.

It further stated that the Personal Support Worker/Resident Care Aide would:

- utilize the hydration and nutrition sections of the Point of Care (POC) record for ongoing

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tracking of food and fluid consumption of assigned residents throughout each shift.

- document fluids as number of servings. Total fluids consumed would be automatically calculated in the POC system.
- report any uncharacteristic change in food and/or fluid intake for residents to the Nurse for assessment.

Director of Care (DOC) #101 stated that the home's procedure was for night shift registered staff to monitor daily fluid intake of all residents. They would then document in progress notes if a resident had consumed less than six servings of fluid in a day and report to the oncoming shift to follow up. Registered Nurse (RN) #116 stated that if a resident had consumed less than 6 servings of fluid in a day, registered staff were to monitor the resident, complete a nutrition assessment and dehydration assessment, notify the physician and family, and encourage fluids. Assistant Director of Care (ADOC) #114 stated that a fluid intervention ordered on the electronic Medication Administration Record (eMAR) would not be added automatically to the POC system and would be added by night shift registered staff.

A) Resident #003 was assessed by the RD with identified risks related to nutrition and hydration.

Resident #003's progress note indicated that they started experiencing specified symptoms on a specified date. The clinical records indicated their fluid intake was below their normal fluid intake range. DOC #101 acknowledged that resident #003's fluid intake was uncharacteristic of their normal level and further monitoring should have been completed.

B) Resident #004 was assessed by the RD with identified risks related to nutrition and hydration. Resident #004's eMAR showed a specified fluid intervention. The clinical records indicated their fluid intake was outside of their normal fluid intake range.

RN #116 was unable to identify if resident #004's specified fluid intervention was accounted for in their daily total fluid intake. RD #103 stated that resident #004's fluid intake documentation on the specified dates was not accurate and staff should have followed up.

C) Resident #005 was assessed by the RD with identified risks related to nutrition and hydration. The clinical records indicated their fluid intake was outside of their fluid range.

ADOC#114 acknowledged that some fluid intake documentation was missing on the specified dates and it was registered staff's responsibility to follow up with personal support workers on missing documentation.

The licensee has failed to ensure that the policy for hydration and nutrition monitoring was complied with for residents #003, #004, and #005. [s. 8. (1) (a),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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**WN #2: 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:  
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure food and fluid temperatures were recorded prior to meal service.

A complaint was submitted to the Ministry of Long Term Care related to dining services.

Inspector #752 completed breakfast observation at the main kitchen steam table and in the small dining room.

The inspector reviewed the food temperature records binder from the main kitchen steam table titled, "Food temperatures- Point of Service" for the first and second seatings at breakfast, lunch, and dinner meal services.

Director of Dietary (DD) #110 stated in an interview that dietary aides were responsible to take and record temperatures of all menu items, except for bread, at point of service at the steam table.

The home's policy # XXIII-E-10.60 titled, "Food Temperatures Point of Service", last revised September 2015, outlined that the Director of Dietary Services would instruct dietary aides to record the temperatures of all foods prior to meal service on the form provided. Furthermore, it specified that dietary aides would document food temperatures on the Meal Delivery Area worksheet or other point of service form.

Review of the main kitchen steam table's temperature records titled, "Food Temperatures- Point of Service" showed missing food temperature records on the specified dates.

The DD #110 provided a document that summarized the Food Service Supervisor (FSS) #111's conversation with dietary aide #108 regarding missing temperature records on specified dates, and education was provided to record food temperatures at point of service at every meal service.

The licensee has failed to ensure that food and fluid temperatures were recorded before meal service to ensure they are safe and palatable to residents. [s. 73. (1) 6.]

**Issued on this 23rd day of December, 2019**

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

**Original report signed by the inspector.**