



**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**

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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 12, 2016	2016_290551_0018	021236-16	Complaint

### **Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

HEARTWOOD  
201-11TH STREET EAST CORNWALL ON K6H 2Y6

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

MEGAN MACPHAIL (551)

## **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): July 20, 21 and 22, 2016.**

**The following log was inspected: 021236-16 (concerns about the management of a resident's nutrition and hydration status).**

**During the course of the inspection, the inspector(s) spoke with the Dietary Manager, a Registered Nurse, Personal Support Workers, the Associate Director of Care, the Director of Care and the Administrator.**

**During the course of the inspection, the inspector(s) reviewed health care records and select policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration**

**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 has failed to ensure that the system to monitor and evaluate the food and fluid intake of resident #001 was complied with.

O. Reg 79/10, s. 68 (2) states that every licensee of a long-term care home shall ensure that the nutrition care and hydration programs include (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Under the National Operating Procedure of the policy titled Food and Fluid Intake Monitoring (LTC-G-30), it is stated that:

1. All Residents will be monitored for food and fluid intake.
2. At a minimum, or as per Registered Dietitian (RD) direction, those Residents identified at high risk for malnutrition and dehydration will have food and fluids consumed documented per shift and per day by the Unregulated Care Providers, including food and fluids consumed during recreation activities.

Resident #001 was admitted to the home on a specified date in 2015 with specific diagnosis. On a specified date, the resident was transferred to the hospital following a change in condition. The resident passed away several days later while in hospital.

Upon admission, resident #001 was assessed by the Registered Dietitian, and his/her nutrition/hydration risk level was identified as high. According to an Admission Dietary Visit by the Nutritional Care Manager, the resident reported having lost a significant amount of weight prior to admission.

According to resident #001's written plan of care, he/she consumed a partially texture modified diet and regular fluids, and a daily estimated fluid requirement from foods and fluids, and a minimum daily recommended fluid requirement of 1500ml from beverages were specified.

An assessment was completed by the Nutritional Care Manager on a specified date and stated that the resident was meeting sixty one (61) percent of his/her daily requirement of minimum 1500ml from beverages. The assessment stated that the data provided with regards to the resident's intake of fluids was inadequate to assess resident #001's hydration status.



Resident #001's Daily Food and Fluid Intake reports (meals and snacks) for a specified seven (7) day period relative to this assessment were reviewed. The Daily Fluid Intake report indicated that out of forty (42) times when the resident was offered fluids (with three meals and three additional times daily), the intake was not documented fifteen (15) times or thirty six (36) percent of the time. Of the thirty five (35) times when resident #001's was offered solids (with three meals and two snacks daily), the intake was not documented fourteen (14) times or forty (40) percent of the time.

Another assessment was completed by the Nutritional Care Manager on a specified date and stated that the resident was meeting eighty (80) percent of his/her daily requirement of minimum 1500ml from beverages. The assessment again stated that the data provided with regards to the resident's intake of fluids was inadequate to assess resident #001's hydration status.

Resident #001's Daily Food and Fluid Intake reports for a specified 7 day period relative to the assessment were reviewed. Resident #001's intake of fluids was not documented on one occasion, at supper, and on six (6) occasions the resident was coded as RX (Not Available).

Resident #001's Daily Food and Fluid Intake reports for a specified sixteen (16) day period were reviewed.

Out of the eighty (80) times during this period when resident #001 was offered foods, the intake was not documented ten (10) times or eight (8) percent of the time. Out of the ninety six (96) times during this period when resident #001 was offered fluids, the intake was not documented 10 times or 10 percent of the time.

On a specified day during this 16 day period, resident's #001 intake of foods and fluids at lunch and supper and with afternoon and evening nourishment was not documented. On this day, the total fluid intake was recorded as being fifty seven (57) percent below the minimum requirement of 1500ml from beverages, and represented an intake from beverages, measured in milliliters per kilogram (ml/kg), that is low.

On another specified day during this 16 day period, the resident's intake of foods and fluids at supper and with afternoon and evening nourishment was not documented. On this day, the total fluid intake is recorded as being low. It was noted that resident #001 was out of the home for part of the day, but returned at mid afternoon according to the Release of Responsibility for Leave of Absence sheet.



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The Director of Care stated that the food and fluid intakes of all residents at all meals and snacks should be documented. She stated that when a resident is absent from the home, the staff do not have to use the applicable code (RX) to indicate that the resident is not available. Resident #001's Release of Responsibility for Leave of Absence sheet was reviewed from the time of admission to discharge, and there was no indication that resident #001 was not in the home on the occasions when his/her intake of foods and fluids was not documented. [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 the system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration is complied with, to be implemented voluntarily.***

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Issued on this 12th day of August, 2016

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

**Original report signed by the inspector.**