



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 17, 18, 2011; 2011_066107_0001; Critical Incident

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF WENTWORTH HEIGHTS
1620 UPPER WENTWORTH STREET, HAMILTON, ON, L9B-2W3

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Food Services, Registered Dietitian, Director of Recreation, Nursing and Dietary staff, and residents.

During the course of the inspection, the inspector(s) Reviewed the clinical health record for identified residents, observed the lunch meal service in a specified home area, and reviewed pertinent policies and procedures.

The following Inspection Protocols were used in part or in whole during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Definitions and Définitions. Lists abbreviations for WN, VPC, DR, CO, WAO in both English and French.



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
prévus le Loi de 2007 les
foyers de soins de longue

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:**

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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 sayants :

1. The plan of care for an identified resident does not provide clear direction to staff and others providing care. The resident had a current physician order to receive regular consistency fluids, however, the diet card being used by serving staff at meals stated the resident was to be provided honey thickened fluids. The information is conflicting and does not provide clear direction to staff. Serving staff interviewed identified the resident did not require thickened fluids and it was not clear why the diet card indicated thickened fluids.

2. At the lunch meal on [REDACTED] 2011, an identified resident was served and consumed a menu item that the resident was allergic to. The resident's plan of care identified the allergy and the resident experienced a significant reaction after consuming the food.

At the lunch meal May 17, 2011, an identified resident was served and consumed regular, thin consistency fluids. The resident's plan of care states honey thickened fluids are to be provided related to risk for aspiration.

At the lunch meal May 17, 2011, an identified resident was provided a regular sized dessert (cake). The resident's plan of care identifies energy controlled strategies which were not provided at this meal.

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 with ensuring that the written plan of care for each resident provides clear directions to staff and others who provide direct care to the resident, and ensuring 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 #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Specifically failed to comply with the following subsections:

- 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).

Findings/Faits sayants :

1. The process used for lunch meal service [redacted], 2011 did not ensure that recreation staff assisting with meal service were aware of the residents' diets, special needs and preferences. An identified resident was served a meal that contained a food item the resident was allergic to despite having a plan of care stating the resident was allergic to the food item. The resident experienced a significant reaction after consuming the food. Staff interviewed confirmed that the process used for portioning and serving food did not ensure that the menu items portioned were delivered to the correct residents.

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 with ensuring that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences , to be implemented voluntarily.

Issued on this 8th day of June, 2011

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

Oct 27-2011 [Signature]
 report revised for the purpose of publication