

**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
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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Jan 17, 2020 | 2020_664602_0001 | 021437-19 | Complaint |

Licensee/Titulaire de permisArch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation
161 Bay Street Suite 2100 TORONTO ON M5J 2S1**Long-Term Care Home/Foyer de soins de longue durée**Wellington House Nursing Home
990 Edward Street North P.O. Box 1510 PRESCOTT ON K0E 1T0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 7 - 10 and 13, 2020

One complaint was inspected as follows:

Log# 021437-19 - regarding sufficient staffing affecting resident care.

During the course of the inspection, the inspector(s) spoke with the Administrator/ Director of Care (DOC), the Clinical Coordinator (CC), the RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), office administration staff, Dietary Aids, the Dietary Manager, Activity/Program Aids, family and residents.

As part of the inspection electronic health records were reviewed, multiple observations of care and service delivery were made and numerous staff, resident and family interviews were completed. Additionally scheduling documentation, the staffing plan, the bathing schedule, the seating map, menu and food production sheets and relevant policies and procedures were considered.

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

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. 76. Cooks Specifically failed to comply with the following:

s. 76. (1) Every licensee of a long-term care home shall ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home. O. Reg. 79/10, s. 76 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home. r. 76 (1).

In an interview with the office administration assistant #109 on a specified date the cooks' hours of work were confirmed as follows:

- Cook #115 – part time - thirty (30) hours biweekly
- Cook #106 – part time - 30 hours biweekly
- Cook #116 – part time - forty-five (45) hours biweekly

On a specified date, the Administrator/Director of Care (DOC) #100 advised that full time - cook #116 asked to reduce their hours of work; and has been working in a part time capacity since a specified date. The home has not had one cook working thirty-five (35) hours per week since this time. [s. 76. (1)]

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 there is at least one cook who works at least 35 hours per week in that position on site at the home, to be implemented voluntarily.

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,**
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods; O. Reg. 79/10, s. 72 (2).**
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable; O. Reg. 79/10, s. 72 (2).**
 - (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**
 - (d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).**
 - (e) menu substitutions that are comparable to the planned menu; O. Reg. 79/10, s. 72 (2).**
 - (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).**
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the food production system must, at a minimum, provide for, (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.

According to the Wellington House Fall Winter weekly menu weekly summary guide, on a specified date, residents were to have been served lunch menu items as follows:

Option 1: stuffed marmalade pork loin, roasted baby potatoes, glazed parsnips and blueberry pie, or

Option 2: honey ginger chicken, penne pasta, brussels sprouts and mandarin sections.

Due to a scheduling miscommunication cook #106 did not attend the day shift from 0930 hours to 1730 hours on the specified date. Efforts to reach the Dietary Manager (DM) #107 were initially unsuccessful which required Dietary Aid (DA) #110 to prepare a substitute lunch that consisted of tuna sandwiches, tomato soup, pickles and cheese slices. Activity/program staff #105 assisted in the kitchen with meal production, as well as with serving at/clearing tables and washing dishes. There was no menu choice offered at lunch, nor were all residents advised as to the lunch meal substitution. DM #107 attended the home that afternoon to act as the cook for the dinner meal, however, they failed to document the lunch meal substitutions on the dietary production sheets.

The licensee failed to prepare menu items according to the planned menu; provide comparable menu substitutions, communicate the menu substitutions to all residents and document the substitutions on production sheets. [s. 72. (2)]

Issued on this 20th day of January, 2020

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

Original report signed by the inspector.