



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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| Date(s) of inspection/Date de l'inspection October 7, 8, 12, 2010 | Inspection No/ d'inspection 2010_159_2870_07Oct102615 | Type of Inspection/Genre d'inspection Dietary Follow-Up H- 01545 |
| Licensee/Titulaire Revera Long Term Care Inc. 55 Standish Court, 8 th Floor Mississauga, ON L5R 4B2 | | |
| Long-Term Care Home/Foyer de soins de longue durée West Oak Village Long-Term Care Centre 2370 Third Line, Oakville ON L6M 1S9 | | |
| Name of Inspector/Nom de l'inspecteur(s) Asha Sehgal # 159 | | |
| Inspection Summary/Sommaire d'inspection | | |

The purpose of this inspection was to conduct a dietary follow-up inspection in respect of the following previously identified non compliance:

NHA 1990 Reg. 832 sec.20.11 February 25, 2008

In reference to criteria P1.14

P1.27 August 7, 2008

P1.29 August 7, 2008

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Food Service Manager, RAI Coordinator, nursing staff, Corporate Dietitian.

During the course of the inspection, the inspector: Tour the kitchen, observed part of the food production, reviewed menu of the day, production sheets and recipes, observed meal service in three home areas, reviewed health record.

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

Nutrition and Hydration

Food Quality

Dining Observation

Findings of Non-Compliance were found during this inspection. The following action was taken:

[6] WN

[6] VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

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

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, c, 8, 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, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care for an identified resident did not include directions for administration of protein powder supplement, an intervention for wound. On inquiry with registered staff member, indicated that the resident is receiving protein powder mixed with food rather than mixed with fluids. This was not included in the plan of care.
2. The Registered Dietitian had quarterly assessment summary documented in the progress notes September 28, 2010, stated identified resident on modified diabetic maintenance diet, pureed texture, honey thickened fluid diet. The Dining Service Report showed modified diabetic maintenance, minced texture, honey thickened fluid diet. The dietary staff was not given clear direction for resident to receive correct texture diet.
3. The nutritional assessment completed by the dietitian September 28, 2010, had identified a resident at high nutritional risk due to uncontrolled diabetes, underweight, low BMI. There were no clear directions for staff on the plan of care for interventions and to manage the risks.
4. The Dietitian had identified in the quarterly assessment September 28, 2010 for an identified that the resident experiencing constipation. The plan of care for identified resident did not address nutritional interventions to prevent occurrence of constipation.
5. The plan of care for an identified did not include feeding guidelines interventions for swallowing and chewing difficulties suggested by Speech and Language Pathologist.

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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 there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident to be implemented voluntarily.

WN #2: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, c. 8, s. 6 (4)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Findings:

Progress notes for an identified resident were assessed in 2010 by Speech and Language Pathologist (SLP) for swallowing and chewing problem. SLP's suggested interventions documented in the progress notes were not integrated in the plan of care and communicated with all staff in the delivery of care. This was evidenced at the observed noon meal October 7, 2010, PSW feeding resident noted to be not following SLP suggestions for feeding.

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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 the staff and others involved in the different aspects of care of the resident collaborate with each other, in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other to be implemented voluntarily.

**WN # 3: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, c. 8, 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.**

Findings:

1. October 7, 2010, on the 3rd floor (Williams House) an identified resident was fed in sunroom by PSW at 12:40 hours. The meal fed by the PSW consisted of 4 quarters of salmon sandwiches, minced spinach and lettuce salad, and one serving of fluid (125 ml. 1/2 glass of thickened water). The dining serving report had identified resident's diet regular with minced texture, nectar thickened fluids, pureed soup at lunch. The plan of care for identified resident stated to provide resident regular diet, minced texture; nectar thickened fluids- 125 ml water, 125 ml milk and pureed soup at lunch meal. Resident was not served soup, juice, milk and tea/coffee.
2. October 8, 2010, an identified resident did not receive correct Renal Modified Diabetic diet with lactic milk at noon meal as stated in the plan of care. Resident was served fruit plate consisted of peaches, regular jello and cornmeal muffin. The planned menu for resident had 125 ml apple juice, renal fruit plate-low fat cheddar cheese 60 gram, peaches and diet jello. This resident did not receive lunch meal as per planned renal diabetic menu.
3. October 8, 2010, an identified resident did not receive modified diabetic minced diet as per resident's plan of care. Resident was served pureed peaches, pureed cottage cheese, and jello. The planned menu for the resident called for cream of potato and leek soup, minced peaches, Jello, Cottage cheese and cornmeal muffin. This resident was served incorrect texture and did not receive soup and muffin (no grain served).
4. The plan of care and the dining service report called for an identified resident to receive 250ml juice, 125 ml yogurt at breakfast, lunch, and dinner. Resident was not served juice and yogurt at noon meal October 8, 2010.
5. An identified resident's plan of care indicated resident on a Gluten restricted diet and food cut up bite size. October 8, 2010, resident received fruit plate and corn meal muffin but the food was not cut up bite size. Resident was observed having difficulty cutting food that resulted resident leaving most of the food uneaten.

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

**WN # 4: The Licensee has failed to comply with O.Reg. 79/10, s. 26(4)(b)
The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).**

Findings:

1. September 28, 2010 the Registered Dietitian had completed the nutrition quarterly assessment for an identified resident had identified at nutritional risks due to underweight, uncontrolled diabetes resident having hypoglycemic episodes. There was no evidence that the dietitian had completed a comprehensive assessment related to clinical causes for hypoglycemic episodes, underweight and further weight loss, the resident did not have evaluation of risks identified relating to nutrition care. The Nutrition status triggered RAP summary did not include nutritional assessment including care planning.

2. Registered dietitian had documented that resident has occurrences of constipation as per flow sheet record. There is no evidence that the registered dietitian completed assessment and nutritional interventions initiated.
3. Documentation in an identified resident's health record supports that the Registered Dietitian completed Quarterly MDS 2.0 assessment July 23, 2010. The assessment was not reflective of a comprehensive assessment and evaluation. The assessment did not include Resident Assessment Protocol (RAP) summary in relation to constipation, fecal impaction and anemia.

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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 ensuring that a registered dietitian who is a member of the staff of the home assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

WN # 5: The Licensee has failed to comply with *O.Reg. 79/10, s. 69.3*

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

3. A change of 10 per cent of body weight, or more, over 6 months.

Findings:

A review of an identified resident's health record indicated unplanned weight gain 12.5% over 6 months. Unplanned weight changes were not assessed by registered dietitian using an interdisciplinary approach and action taken nor outcomes evaluated. Registered Dietitian has documented resident's goal weight.

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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 residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated to be implemented voluntarily.

WN # 6: The Licensee has failed to comply with *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:

- (6) Food and fluids being served at a temperature that is both safe and palatable to the residents
- (10) Proper techniques to assist residents with eating, including safe positioning of residents who require assistance

Findings:

1. October 8, 2010 2nd floor dining room (Chalmers House) during the meal service hot food temperature were tested 12:45 hour and noted chicken Patty (hamburger) 37 degree Celsius, minced checked 36 degree Celsius. Dietary staff serving meals from the hot cart was interviewed, who stated

the food temperatures were taken before the service but were not recorded.
Cold food items (cottage cheese, jello, peaches) were served on warm heated plate this resulted resident receiving melted jello and warm cottage cheese for lunch which is not palatable.

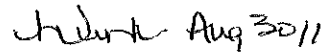
- For an identified resident is documented as having swallowing problem and identified with dysphasia. This resident was assessed by Speech and Language Pathologist (SLP) in 2010, who had written feeding techniques and directions for staff to assist resident with eating. At the observed noon meal on October 7, 2010, it was noted that the nursing staff (PSW) feeding this resident in was not aware of suggested feeding strategies "alternate different food items with fluids in a cup, slow rate of feeding". It was noted resident was fed solid food with no fluids in between.

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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 home has a dining and snack service that includes, at a minimum, the following elements: Proper techniques to assist residents with eating, including safe positioning of residents who require assistance to be implemented voluntarily.

| RECTED NON-COMPLIANCE Non-respects à Corrigé | | | | |
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| REQUIREMENT EXIGENCE | TYPE OF ACTION/ORDER | ACTION/ ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
| LTCHA, 2007, S.O. 2007 c. 8, s. 84 Previously issued NHA 1990 Reg. 832 sec.20.11 In reference to criteria P1.14 | | | February 25, 2008 | |
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| Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné | | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. | |
| | |  Revised August 30, 2011 for the purpose of publication | |
| Title: | Date: | Date of Report: (if different from date(s) of inspection). | |
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