



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 sous la Loi de 2007 sur les foyers de soins de longue durée

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 26, 2014	2014_297558_0001	T-500-13	Complaint

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF YORK
17250 Yonge Street, NEWMARKET, ON, L3Y-6Z1

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

YORK REGION MAPLE HEALTH CENTRE
10424 Keele Street, Maple, ON, L6A-2L1

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

BARBARA PARISOTTO (558)

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): February 5, 6, 2014

During the course of the inspection, the inspector(s) spoke with dietary aides (DA), personal service workers (PSW), registered practical nurse (RPN), food service supervisors (FSS), registered dietitian (RD), and residents.

During the course of the inspection, the inspector(s) completed a dining observation and record review of residents' health records, diet list and menu.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.



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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4). (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. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :



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1. The licensee failed to ensure that staff involved in different aspects of care, collaborate with each other in the development and implementation of the plan of care.

1. During a meal observation on February 5, 2014, the inspector observed a protein supplement, in a medicine cup, sitting untouched, by resident #1's fluids. A record review of the physician's orders and the diet list in the servery, identified an order for a protein supplement one scoop mixed in milk at all meals. Resident and staff interviews confirmed the resident does not like the protein supplement mixed into milk and therefore may refuse to take it. A record review and staff interview identified the dietitian was not aware that the resident may refuse the supplement. The staff failed to collaborate with each other in the development and implementation of the plan of care in relation to the intake of the protein supplement.

2. A review of the plan of care for resident #2 identified a low-sodium intervention and this intervention was not identified in the diet list located in the servery. During a lunch observation on February 5, 2014, the inspector observed that the low-sodium intervention was not followed. An interview with the RD confirmed that the staff involved in the resident's plan of care did not collaborate with each other in the development and implementation of the plan of care.[s. 6. (4) (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 staff involved in different aspects of care, collaborate with each other in the development and implementation of the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



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Specifically failed to comply with the following:

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).**
 - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

Findings/Faits saillants :

1. The licensee failed to ensure that the registered dietitian completed a nutritional assessment for resident #1, 2 and 3 on admission and assessed the residents' nutritional status on their admission.

A record review of resident #1, 2 and 3, revealed that admission RAI-MDS (Resident Assessment Instrument Minimum Data Set) dietary assessments did not contain a nutritional assessment, including an estimation of calories, protein and fluid needs. An interview with the RD confirmed that she usually assesses the resident's nutritional status for long term residents and that she does not complete it consistently for residents on short stay. [s. 26. (4)]

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 registered dietitian completes a nutritional assessment for every resident on admission and assess every resident's nutritional status, to be implemented voluntarily.



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Issued on this 28th day of February, 2014

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

B. Ransotto

