



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
Direction de l'amélioration de la
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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
Jan 17, Feb 15, 2013	2013_190159_0002	H-002077- 12	Complaint

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



Ministry of Health and
Long-Term Care

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Homes Act, 2007

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Loi de 2007 sur les foyers de
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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January, 4, 8, 10, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Resident Client Care, Food Service and Nutrition Manager, Director of Recreation and Leisure, Personal Care Aides, Dietary staff, Registered Practical Nurses and Registered Nurses.

During the course of the inspection, the inspector(s) toured the home, observed food production and meal service, reviewed medical records and plans of care for identified residents, reviewed policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

Nutrition and Hydration

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités



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:

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; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

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 saillants :



1. The licensee did not ensure that the plan of care set out clear directions for the staff and others who provide direct care to the resident.[s. 6 (1) (c)]

The plan of care for resident #5 did not give clear direction to staff in relation to fluid restricted. The diet list stated resident on a fluid restriction(nine glasses/day). January 8, 2013, resident was served 4 servings of fluid at lunch (glass of water, milk, juice and tea), almost ½ quantities of the daily fluid restriction at one meal. The number of fluid servings at each meal and nourishment pass was not specified on the plan of care to give clear direction to staff. [s. 6. (1) (c)]

2. The licensee did not ensure that 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 different aspects of care are integrated and are consistent with and complement each other [2007, c. 8, s. 6 (4) (b)]

For an identified resident #5 information recorded on the diet list/preference binder was not consistent with the plan of care. The resident was documented on restricted fluids on the diet/preference list posted in the servery dining area. However, the plan of care identified resident "on a regular fluid schedule, minimum hydration 80% of estimated 1400 ml daily". The plan of care indicated the resident at multiple risk factors for hypertension including edema. [s. 6. (4) (b)]

3. The licensee did not ensure that the care set out in the plan of care is provided to the resident as specified in the plan of care.[s.6 (7)]

Resident # 2 was not consistently offered a planned therapeutic diet menu for lunch as indicated on the resident's plan of care. The resident was offered mushroom omelette and cheese pizza at lunch meal January 4, 2013, that did not meet diet restrictions and preferences. An interview with the Food Service Manager on January 4, 2013 confirmed that the resident was on a therapeutic diet and required special menu and the cook did not prepare menu items identified on the planned renal menu. [s. 6. (7)]

4. Resident #3 had a plan of care that identified resident required double portions of entrée, however, the resident was served regular portion of entrée pureed Medeteranean Frittata for lunch January 8, 2013. The plan of care identified the resident was at risk of weight loss due to pacing. [s. 6. (7)]

5. The plan of care for resident #4 indicated the resident be served soup in a mug. A personal care aide(PCA)was noted to be assisting resident with eating in room.



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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

Observations of lunch meal on January 8, 2013, and staff interviewed confirmed the resident was not served soup in a mug. [s. 6. (7)]

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 all aspects required for the plan of care according to the Act are complied with, to be implemented voluntarily.

WN #2: 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 did not ensure that where the Act or the Regulation requires the licensee to have institute or otherwise put in place any plan, protocol, procedure, strategy or system is in compliance with and implemented in accordance with all applicable requirements under the Act. O.Reg. 79/10 s. 8 (1) (a)
Interviewed staff and management confirmed that the home did not have all the policies, procedures, protocols in place for food production system (daily production work sheet; recipe conversion, and standardized recipes). The Regulation 79/10, s. 72 (1) requires that there is an organized food production system in the home. [s. 8. (1) (a)]



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

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 where the Act or the Regulation requires all plans, policies, protocols, procedures, strategies and systems are put in place, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :



1. The licensee had not ensured that the planned menu items were offered and available at each meal and snack. O.Reg.79/10, s. 71(4)

The planned menu items were not available and offered to resident #2 at lunch meal January 4, 2013. The planned menu specified entrée choice for therapeutic diet to be offered plain baked omelette and hamburger patty, however, the menu items for special diet were not prepared and offered to residents. The identified resident was offered pizza and mushroom omelette. The menu items available and offered to resident did not meet dietary restriction and preferences.

Residents on pureed diet were not offered crackers as specified on the planned menu.

Resident # 4 was not offered soup from the planned menu on January 8, 2013. The meal tray was assembled by a personal care attendant and served to an identified resident in room. Staff assisting the resident with eating confirmed the resident was not offered soup.

Not all menu items were served according to the planned portion size specified on the menu. 120ml serving of soup was served to residents, the menu specified 180ml serving. Residents were served soup less than the amount specified on the production menu and the therapeutic extension menu.

The dining program was not organized, this resulted delay in meal service and resident not receiving planned menu. Residents in Queenston and Gage dining room were not offered planned lunch menu January 4, 2013. The dietary staff member had to call the main kitchen for the missing menu items, this resulted delay in service and resident not receiving planned menu items. Residents had finished eating entrée at 12:35 pm, waited until 1:10 pm for the dessert, due to long wait 15/29 residents left the dining room prior to being served complete meal. [s. 71. (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 each resident is offered a choice from the planned menu items at each meal and snack, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production



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

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s.
72 (2).

s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10,
s. 72 (2).

s. 72. (3) The licensee shall ensure that all food and fluids in the food
production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and O. Reg.
79/10, s. 72 (3).

Findings/Faits saillants :



1. The licensee had not ensured that the food production system included standardized recipes and production sheets for all menus. O.Reg.79/10, s. 72 (2) (c) Standardized recipes were not available for guiding staff in the preparation of menu items, resulting in variation in nutritive value, food quality, taste and appearance. Observation of food production and interview with the staff confirmed that the recipes were not available for all texture modified menu items.

Not all recipes were consistent with the quantities of the menu items specified on the production sheet report. The recipes available for staff were not scaled and adjusted for the quantities and the number of servings required for the planned menu, resulting in shortage of food. The required quantities for minced and pureed menu items specified on the production sheet did not match the yield servings on the recipes available. On January 4, 2013, for the noon meal the quantity listed on the production sheet for pureed omelette was 16 servings, the recipe available for pureed omelette was for 2 servings. The required servings of mixed vegetable was 55, however, the recipe used had 41 servings.

The supervisory staff interviewed identified deficiencies in the recipes and confirmed consistent concerns about accuracy of the recipes resulting in varied quality of food products being prepared.

The production sheets were not in place to provide clear direction for staff for preparing food. The requirements for food production about each menu item was not specified on the production sheet i.e food production schedule, quantities to produce, recipe number, preparation time, and items to be defrosted for upcoming use. Lack of information related to food production resulted in running short of food, residents not receiving planned menu items, and compromised food quality. [s. 72. (2) (c)]

2. The licensee had not ensured that all menu items were prepared according to the planned menu. O.Reg.79/10, s. 72 (2) (d)

On January 4, 2013, the planned lunch menu specified plain omelette and hamburger patty for a therapeutic diet and vegetarian hamburger for a vegetarian diet. The menu items were not prepared as specified on the planned menu. Dietary staff member assigned dining service on the 4th floor confirmed that the menu items for special diets were not prepared and available to offer to the residents.

The planned dinner menu on January 4, 2013 indicated a choice of chicken Dijon entrée. The therapeutic menu, production sheet and the recipes indicated chicken Dijon Supreme thighs. The cook and the Food Service Supervisor confirmed that the recipes were not used and the residents were served plain baked chicken instead of chicken Dijon Supreme specified on the planned menu. [s. 72. (2) (d)]



3. The licensee had not ensured that all food and fluids in the food production system were prepared, stored and served using methods to preserve nutritive value, appearance and food quality O.Reg. 79/10, s.73 (3) (a)

The pureed menu items were observed at lunch meal service on January 4, 8, 2013. The consistency of the pureed pizza served on January 4, 2013 was sticky, and starchy had excessive starch content and lacked protein. Interviewed supervisory staff confirmed that the recipe for pureed pizza was not available.

January 4, 2013 foods for dinner meal were prepared too far in advance of actual serving time. Dinner menu items including modified texture foods (pureed and minced foods) were prepared before 1500 hours and held in an oven for more than 2 hours and served at 1700 hours. The current food production schedules for preparing food too far in advance and excessive holding time not only compromises food quality, taste and appearance but also reduces nutritive value.

January 8, 2013 on the first floor (Nash dining unit) hot entrée- Mediterranean Frittata served for lunch was very dry, over cooked, rubbery and burnt. Residents were served food that compromised appearance, taste, nutritive value and also increased risk for choking for some residents. [s. 72. (3) (a)]

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 are standardized recipes and production sheets for all menus, menu items are prepared according to the planned menu and all food and fluids in the food production system are prepared, stored and served using methods to preserve nutritive value, appearance and food quality, to be implemented voluntarily.

WN #5: 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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 73 (1).

**s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :

1. The licensee did not ensure that the daily and weekly menus are communicated to residents. [O.Reg.79/10, 73(1)1]

January 8, 2013, the daily menu was not communicated to residents on 1st floor (Nash dining area). The daily menu posted in Nash dining area was of incorrect week and day. The posted menu was week 4 Thursday, the scheduled menu for January 8, 2013 was week 1, Tuesday. [s. 73. (1) 1.]

2. The licensee did not ensure that residents who require assistance with eating or drinking are served a meal until someone is available to provide the assistance required by the resident [O.Reg. 79/10, s. 73(2) (b)]

January 8, 2013, during the noon meal service observations in Nash dining room two residents were noted to be assisted with eating by a personal care aide (PCA). The PCA left in the middle of assisting these residents with eating and went to feed another resident in their room. The identified resident who required significant cueing and encouragement was left unattended with no assistance provided for approximately 10 minutes. The plan of care for the identified resident stated that the resident require encouragement and assistance with eating. [s. 73. (2) (b)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



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

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee did not ensure that every written or verbal complaint made to the licensee or a staff member was investigated and resolved where possible, and a response was provided within 10 business days of the receipt of the complaint.

O.Reg. 79/10 s.101 (1) 1

July 2012, a family member made a written complaint to the Administration of the home concerning delivery of care of a resident and the food quality. Home's complaint log was reviewed for the last year 2012, no records were found that the home investigated the complaint and has provided a response to the family member within 10 business days of the receipt of the complaint.

The management staff were unable to produce documentation of an acknowledgement of receipt of the complaint, an investigation report and a response to the complainant. [s. 101. (1) 1.]



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
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Issued on this 21st day of February, 2013

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

Asb Selva