



**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

Hamilton Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 5, 9, 2010	Inspection No/ d'inspection 2010_159_9618_05Nov145811	Type of Inspection/Genre d'inspection Complaint # H-01803
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Licensee/Titulaire
The Regional Municipality of Peel
10 Peel Centre Drive Brampton ON L6T 4B9

Long-Term Care Home/Foyer de soins de longue durée
Malton Village Long Term Care Centre
7075 Rexwood Road
Mississauga ON L4T 4M1

Name of Inspector/Nom de l'inspecteur(s)
Asha Sehgal ID # 159

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint investigation inspection related to food quality and dining service..

During the course of the inspection, the inspector spoke with: Administrator, Facility Service Supervisor, dietary Staff and nursing staff and family members.

During the course of the inspection, the inspector: Observed supper meal service in four dining areas, and reviewed posted menu, reviewed Residents' Council Minutes January –October 2010, Reviewed Dining Service Committee meeting minutes April –October 2010.

The following Inspection Protocols were used during this inspection:
Dining Observations
Food Quality

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

[1] WN
[1] VPC

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 O.Reg. 79/10, s. 72(3)(a)

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.

Findings:

Not all foods were prepared and served using methods which preserves taste, nutritive value, appearance and food quality.
 November 5, 2010, vegetable burgers served to residents at the supper meal were dry, burnt and residents were having difficulty to cut. Vegetables were over cooked, resulting in reduced appearance and taste. Vegetarian entrée "mansoor dal " was uncooked and raw, recipes were not followed.
 Several residents voiced concerns regarding food quality.

Inspector ID #: 159

Additional Required Action:

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 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, to be implemented voluntarily.



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. <i>Ab. Selgas</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>March 22, 2011</i>