

**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
Inspection de soins de longue durée**Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 15, 2022	2022_823653_0005	000096-22	Complaint

Licensee/Titulaire de permisHolland Christian Homes Inc.
7900 McLaughlin Road South Brampton ON L6Y 5A7**Long-Term Care Home/Foyer de soins de longue durée**Grace Manor
45 Kingknoll Drive Brampton ON L6Y 5P2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ROMELA VILLASPIR (653)

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 9, 10, 11, 2022.

**The following intake was completed in this complaint inspection:
Log #000096-22 was related to resident's bill of rights, and plan of care.**

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Food Service Workers (FSWs), Food Service Supervisor (FSS), Dietary Manager (DM), Registered Dietitian (RD), Recreation Facilitatory Activity Aide (RFAA), Housekeeper (HK), Infection Prevention and Control (IPAC) Lead, Assistant Director of Care (ADOC), Director of Resident Care (DRC), and the Administrator.

During the course of the inspection, the inspector toured the home, observed IPAC practices, meal services, provision of care, reviewed clinical health records, the home's winter menu cycle, staffing schedules, and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Infection Prevention and Control
Recreation and Social Activities**

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

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

Specifically failed to comply with the following:

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 has failed to ensure that the care set out in the plan of care of a resident was provided to the resident as specified in the plan, as it related to their dietary restrictions.

A resident had dietary restrictions and their written plan of care indicated specific food items not to be given to them. During two separate meal observations by Inspector #653, the staff served food items to the resident that the resident was not supposed to have.

Sources: Resident's written plan of care, progress notes, food service report; Inspector #653's observations; Interviews with a Food Service Worker (FSW), Personal Support Worker (PSW), Registered Practical Nurses (RPNs) Dietary Manager (DM), and the Registered Dietitian (RD). [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 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 #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that an individualized menu was developed for a resident, whose needs cannot be met through the home's menu cycle.

A resident had dietary restrictions and their written plan of care indicated specific food items not to be given to them. During a meal observation by Inspector #653, the staff provided the resident with two slices of buttered toast as an alternative, as the resident could not have either of the two choices of entrées from the posted menu.

The RD and the DM acknowledged that the resident's needs cannot be met through the home's menu cycle, and confirmed that the resident did not have an individualized menu developed for them.

By not developing an individualized menu for the resident, there was a risk of not meeting the resident's nutritional needs.

Sources: Grace Manor Winter Menu 2022, resident's written plan of care, progress notes, food service report; Inspector #653's observation; Interviews with a PSW, RPN, the DM, and the RD. [s. 71. (5)]

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 an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staff participated in the implementation of the home's Infection Prevention and Control (IPAC) program.

A review of the home's "Hand Hygiene Program" policy #IPAC-B-001, revised on April 20, 2021, stated the following for hand hygiene during meal service:

- Staff to provide hand hygiene to residents before and after meals
- Staff to use alcohol-based hand sanitizer or hand sanitizing wipes before and after meals
- To assist with removal of visibly soiled hands, yellow cloths with warm water can be used followed by alcohol based hand sanitizer or hand sanitizing wipes

During five separate meal observations by Inspector #653 in four home areas, multiple residents were not assisted by staff with performing hand hygiene using the alcohol-based hand sanitizer or hand sanitizing wipes before and after meals. Alternatively, yellow cloths with warm water were provided by the staff to the residents to wipe their hands with, before and after meals.

By not assisting residents with performing hand hygiene using the alcohol-based hand sanitizer or hand sanitizing wipes before and after meals, there was potential for the spread of infectious microorganisms.

Sources: Home's Hand Hygiene Program policy; Inspector #653's observations; Interviews with the Food Service Workers (FSWs), PSWs, RPNs, IPAC Lead, and the Assistant Director of Care (ADOC). [s. 229. (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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 16th day of February, 2022

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

Original report signed by the inspector.