



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 18, 20, Jul 12, 13, 2012; 2012_066107_0010; Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF HALTON
1151 BRONTE ROAD, OAKVILLE, ON, L6M-3L1

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

POST INN VILLAGE
203 Georgian Drive, OAKVILLE, ON, L6H-7H9

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with The Administrator, Food Services Manager, Food Services Supervisor, Registered Dietitian, residents, and front line nursing and dietary staff

During the course of the inspection, the inspector(s) Observed meal service in one dining room, reviewed the clinical health record of an identified resident, relevant policies and procedures, menus, Registered Dietitian sign off of the menu, Food Committee meeting minutes, Resident's Council meeting minutes, related to complaint inspection H-000205-12

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

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 O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following subsections:

s. 71. (2) The licensee shall ensure that each menu,
(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and
(b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time. O. Reg. 79/10, s. 71 (2).

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. [O.Reg. 79/10, s. 71(2)(b)]

The menu for the pureed texture does not provide for a variety of foods. The menu was repetitious and numerous items were served on the same day of the week in consecutive weeks, repeated within weeks, and throughout the 4 week menu cycle. Some examples for week 1: Saturday both menu choices were beef, meatloaf served twice within one week, pureed salmon served three times in week one, the same snack was served on Thursday and Saturday evening, cheesy vegetable casserole served twice during week one.

Items were served multiple times during the week and then multiple times throughout the menu cycle. Cold menu entrees were offered only three times in a four week cycle on the Spring/Summer menus.

The Registered Dietitian confirmed that the pureed menu was repetitious and was being revised for the next menu review.

2. [O.Reg. 79/10, s. 71(4)]

a) Not all residents were routinely offered a choice of entree, side dish and dessert as per the planned menu.

i) Residents receiving a pureed texture meal were not offered both choices of menu items (as per the planned menu) at the observed lunch meal June 20, 2012. Staff interviewed stated that residents were unable to make food preferences, however, information in the NIX binder (contains diet information and resident preferences) stated that all but one resident who required a pureed menu were able to make food choices. One of the residents was interviewed and was able to articulate their food preferences.

ii) During interview, an identified resident stated that they were consistently offered a choice of meals while receiving regular textured meals, however, when their diet was changed to pureed texture, the resident was no longer offered a choice of meals and that staff just brought something to them. They stated they preferred to choose their meals.

b) At the lunch meal June 20, 2012, the following portion sizes were not consistent with portions listed on the planned menu:

the planned menu stated a #12 scoop for minced chicken, however, a #10 scoop was used (larger); the planned menu stated a 3oz portion of butternut squash, however, a 4 oz portion was provided; the planned menu stated a #10 scoop for the lime snow, however, a #12 scoop was used (smaller).

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 each menu provides for a variety of foods, and that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

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.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

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

The daily and weekly menus were not communicated to residents receiving a puree textured diet. The regular textured menus were posted for residents outside the dining rooms, however, menu items for the pureed diet varied from the regular textured menu and this information was not communicated to residents. Staff interview confirmed that the weekly pureed texture menus were not communicated to residents.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

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
- (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

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

Not all foods were prepared and served using methods that preserved taste, nutritive value, appearance and food quality at the observed lunch meals June 18, 20, 2012.

- a) The texture of the pureed bread served to residents June 18, 2012 was soupy/runny and the texture of mashed potatoes for the pureed entrees was runny. The nutritional value/nutrient density of the bread and potatoes was reduced (diluted) and the quality and taste were not preserved. Unit Council Meeting Minutes of February 26, 2012 also reflect concerns from residents about "soupy mashed potatoes". The bread and potatoes were also offered to residents requiring thickened fluids, resulting in potential risk for choking. The bread was thickened prior to residents consuming it when identified by the Inspector.
- b) The planned salad plate for the lunch meal June 20, 2012 contained 1 slice of cheddar cheese and 1 scoop of cottage cheese. An identified resident was provided a salad plate with only 1 slice of cheese. The dietary aide stated the resident disliked the cottage cheese (resident stated they were fine with cottage cheese), however, additional cheese was not added to replace the cottage cheese not provided and the resident received an entree with reduced nutritive value. The resident required a high protein diet with additional supplements related to wound healing.



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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 all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

Issued on this 29th day of August, 2012

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