



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

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
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4^{ème} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 4, 27, 28, 2011	2011_088135_0018	Follow up

Licensee/Titulaire de permis

LEAMINGTON UNITED MENNONITE HOME & APARTMENTS
22 Garrison Avenue, LEAMINGTON, ON, N8H-2P2

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

LEAMINGTON MENNONITE HOME LONG TERM CARE RESIDENCE
35 PICKWICK DRIVE, LEAMINGTON, ON, N8H-4X5

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the Inspector(s) spoke with Director of Nursing and Personal Care, Director of Dietary and Support Services, 4 Health Care Aides, 1 cook and 1 Dietary aide.

During the course of the inspection, the inspector(s) reviewed clinical records of 7 residents, staff job descriptions, policies and procedures, standardized recipes, food production records, interviewed staff and observed dinner service in one home area.

The following Inspection Protocols were used during this inspection:

Food Quality

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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

Findings/Faits saillants :

1. October 4, 2011, 17:15-dinner service in large dining room observed the served dinner menu did not provide for adequate nutrients, fibre and energy for residents based on the current Dietary Reference Intakes (DRI's) when the following portion sizes were observed as being smaller than the home's posted menu:

Four Blend Vegetable served using #10 scoop, menu specifies #8 scoop required.

Mashed potato served using #10 scoop, menu specifies #8 scoop required.

In review of egg salad sandwich recipe observed, recipe uses 25 eggs for 25 sandwiches, providing 30 grams. of protein, or 50% of the 60 gram protein requirement per serving.

October 4, 2011 16:45- in interview Director of Dietary and Support Services confirmed, serving sizes and protein portion were inadequate for nutrients, fibre and energy for residents. [O.Reg 79/10, s. 71. (2) (a)] (135)

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 ensuring meals and snacks provide adequate nutrients, fibre and energy for residents based on the current Dietary Reference Intakes (DRI's), to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Specifically failed to comply with the following subsections:

- s. 72. (2) The food production system must, at a minimum, provide for,
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
 - (c) standardized recipes and production sheets for all menus;
 - (d) preparation of all menu items according to the planned menu;
 - (e) menu substitutions that are comparable to the planned menu;
 - (f) communication to residents and staff of any menu substitutions; and
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. October 4, 2011 16:30-in review of standardized recipes with cook, observed there were no recipes for gluten free menu for home's residents presently on gluten free diets.

October 4, 2011 16:45-in interview with Director of Dietary and Support Services, confirmed the home did not have standardized recipes for the gluten free menu. [O. Reg. 79/10, s. 72 (2)(c)]

Issued on this 28th day of October, 2011

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

Bonnie MacDonald