



**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**

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, 4iém étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 24, 2014	2014_216144_0004	L-000074-14	Critical Incident System

**Licensee/Titulaire de permis**

THE CORPORATION OF THE MUNICIPALITY OF CHATHAM-KENT  
519 King Street West, CHATHAM, ON, N7M-1G8

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

RIVERVIEW GARDENS  
519 KING STREET WEST, CHATHAM, ON, N7M-1G8

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

CAROLEE MILLINER (144)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 22, 2014**

**During the course of the inspection, the inspector(s) spoke with one resident, one family visitor, the Director of Nursing, Registered Dietician, two Registered Nurses, one Registered Practical Nurse and two Personal Service Workers.**

**During the course of the inspection, the inspector(s) reviewed one critical incident report, once resident clinical record and the home policy related to diets of residents as well as two email correspondences.**

**The following Inspection Protocols were used during this inspection:**



Falls Prevention

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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 LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration**

**Specifically failed to comply with the following:**

**s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.
  2. During observation of the lunch meal on one resident home area, one resident was heard asking staff a second serving of food.
  3. The staff denied the request.
  4. Eight staff confirmed residents could request an alteration in their prescribed diet if the request is approved by the registered staff.
  5. Review of the home policy related to diets of residents and two email correspondences from the Director of Care, confirmed what interviewed staff shared.
- [s. 11. (2)]
- 

**Issued on this 24th day of January, 2014**

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

*CAROLEE MILLINER*