

**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**Sudbury Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 20, 2020	2020_565647_0021	019137-20	Complaint

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**Licensee/Titulaire de permis**West Parry Sound Health Centre  
6 Albert Street PARRY SOUND ON P2A 3A4**Long-Term Care Home/Foyer de soins de longue durée**Lakeland Long Term Care (Eldcap)  
6 Albert Street PARRY SOUND ON P2A 3A4**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JENNIFER BROWN (647), AMY GEAUVREAU (642), LOVIRIZA CALUZA (687)

**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): October 19 - 23, 26 - 29, 2020.**

**The following intake was completed in this Complaint inspection:**

**-one intake related to staffing shortages, care concerns and nutrition.**

**Follow Up inspection 2020\_565647\_0020, Complaint inspection 2020\_565647\_0018 and Critical Incident System (CIS) inspection 2020\_565647\_0019, were completed concurrently with this Complaint inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Administrative Assistant (AA), Physician (MD), Restorative Care Coordinator (RCC), Registered Dietitian (RD), Physiotherapist (PT), Nursing Support Assistant, Nurse Manager (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aides, Housekeepers, and residents.**

**During the course of the inspection, the Inspector(s) also conducted a daily tour of the resident care areas, observed medication administration, observed dining and snack service, observed staff to resident interactions, resident to resident interactions, and the provisions of care, reviewed internal documents, and policies and procedures.**

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

**Dining Observation**

**Nutrition and Hydration**

**Personal Support Services**

**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. (9) The licensee shall ensure that the following are documented:**

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that documentation for all meals and fluids were documented daily for three residents.

A review of the dietary food and fluid intake report for three residents, identified the following:

- a) One resident's food and fluids were not documented for 16 per cent of breakfast, eight per cent of lunch, and 38 per cent of dinner,
- b) One resident's food and fluids were not documented for six per cent of breakfast, eight per cent of lunch, and 49 per cent of dinner, and
- c) One resident's food and fluids were not documented for four per cent of breakfast, six per cent of lunch, and 43 per cent of dinner.

An interview with the Registered Dietitian (RD) identified that due to the missed documentation at residents' meals, it had affected their quarterly reviews for the resident's weights and diets.

Sources: Dietary Reports for three residents; Care Plan policy, revised December 16, 2019; Interview with the RD, and other staff. [s. 6. (9) 1.]

***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 documentation for all meals and fluids is documented daily for the identified three residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the Assessment and Documentation, Weight Measurement policy and procedure included in the required Nutrition Care and Hydration Programs were complied with, for three residents.

LTCHA s.11 (1)(b) required an organized program of hydration for the home to meet the hydration needs of residents.

O. Reg. 79/10, s. 68 (1)(b) and O. Reg. 79/10, s. 68 (2) required that the program included the development and implementation of policies and procedures related to nutrition care and dietary services and hydration.

Specifically, staff did not comply with the home's policy and procedure "Weight Measurement", dated December 2019.

A complaint was submitted related to nutritional concerns that included food and fluid intake.

The RD, indicated the monthly weights were not being completed for residents. The RD stated they required the monthly weights to ensure the residents received their required food and fluid intake.

The Inspector reviewed the monthly weights for three residents which indicated that staff had not weighed the residents in two consecutive months.

The Director of Care (DOC) stated monthly weights for the residents are required to be completed.

Sources: Weight measurement policy, dated December 2019; weight records for three residents; Mede-care documentation; interview with the RD and other staff. [s. 8. (1) (b)]

***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 the Assessment and Documentation, Weight Measurement policy and procedure included in the required Nutrition Care and Hydration Programs is complied with, for three residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

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

**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:  
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that food was being served at a temperature that was both safe and palatable for three residents.

A complaint had been submitted alleging the food was being served cold to residents during meal times.

Three residents identified that lunch and supper meals were usually served cold.

The Inspectors observed meal services throughout the inspection and reviewed food temperatures. On three occasions, it was identified that when the last residents were served their meal, the hot main course temperature had dropped below the required temperature of 60 degrees Celsius.

Sources: Observations of dining rooms during meal service; food temperature check records; interviews with three residents, and other staff members. [s. 73. (1) 6.]

***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 food is being served at a temperature that was both safe and palatable for three identified residents, to be implemented voluntarily.***

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**Issued on this 23rd day of November, 2020**

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

**Original report signed by the inspector.**