

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division Long-Term Care Inspections Branch

Division des foyers de soins de longue durée Inspection de soins de longue durée London Service Area Office 130 Dufferin Avenue 4th floor LONDON ON N6A 5R2 Telephone: (519) 873-1200 Facsimile: (519) 873-1300 Bureau régional de services de London 130 avenue Dufferin 4ème étage LONDON ON N6A 5R2 Téléphone: (519) 873-1200 Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport

Inspection No / No de l'inspection

Log # / Registre no Type of Inspection / Genre d'inspection

Nov 23, 2016

2016_415190_0027 C

002293-16

Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC. 55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

RIVERSIDE PLACE 3181 Meadowbrook Lane WINDSOR ON N8T 0A4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs SANDRA FYSH (190)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 15 & 16, 2016

This inspection was related to complaint IL# 42723-LO regarding air temperatures, infection prevention and control and dining and snack services.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Nutrition Manager, Dietary Aides, Registered Practical Nurses and Personal Support Workers.

The Inspector also reviewed resident clinical records, observed dining room services, toured resident home areas and common areas and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Food Quality
Infection Prevention and Control
Snack Observation

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

- 2 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)



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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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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).



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Findings/Faits saillants:

1. The Licensee has failed to ensure that the policy regarding food temperatures was complied with.

During an observation of lunch service, three residents indicated that food was not always served at the proper temperature.

A review of dietary food temperatures was conducted in the servery of the resident units.

In an interview, Dietary Aide #104 was asked why food temperatures were not recorded prior to beginning to serve the lunch meal.

Dietary Aide #104 stated during the interview that the temperatures were taken earlier, but not recorded and the staff member did not remember what the temperatures were.

A review of the temperature books for each of the three resident areas for a period of fifteen days, revealed that temperatures were not recorded:

Unit One - fourteen per cent of meal temperatures were not recorded Unit Two - thirty-six percent of meal temperatures were not recorded

Unit Three - fourteen per cent of meal temperatures were not recorded

The policy regarding meal service temperature standards from Food Service Operation Manual FSO-D-20-Sept 2011, stated that temperatures were to be taken "at the point of service to ensure that menu items were served at a temperature that promotes resident comfort and safety and maintains the quality of food." The policy further stated that the Cook/Food Service Workers were to "record the temperature of all menu items for all diet types and textures immediately after taking temperatures."

Nutrition Manager #103 verified that all food items were to have temperatures recorded and corrective action taken if necessary prior to the start of the meal. [s. 8. (1) (b)]

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



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Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants:

1. The licensee has failed to ensure that substitutions of menu items were communicated to staff and residents.

Food substitutions were made to the menu three times during the inspection.

The menu boards located outside of the dining rooms did not indicate that a change had been made for those meals.

Nutrition Manager #103 verified in an interview, that these menu items were not available for those meals so substitutions were made, but the menu boards were not updated. [s. 72. (2) (f)]

Issued on this 23rd day of November, 2016

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

Original report signed by the inspector.