



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

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 8, 10, 2011	2011_171_2975_08Mar102724	H-00384 - Complaint

Licensee/Titulaire
St. Joseph's Health System, 56 Governor's Road, Dundas ON L9H 5G7

Long-Term Care Home/Foyer de soins de longue durée
St. Joseph's Villa (Dundas), 56 Governor's Road, Dundas ON L9H 5G7

Name of Inspector(s)/Nom de l'inspecteur(s)
Elisa Wilson, LTC Homes Inspector #171

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding dining room service.

During the course of the inspection, the inspector spoke with: the director of care, the foodservices director, foodservice supervisors, dietary aides, registered staff, RAI Coordinator and residents.

The inspector observed lunch and dinner service in two Home areas on March 8, 2011 and reviewed the plans of care for an identified resident.

The following Inspection Protocols were used during this inspection:
Dining Observation

Findings of Non-Compliance were found during this inspection. The following action was taken:

5 WN
4 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care does not provide clear direction to staff for an identified resident. The plan of care indicates a assistive device is required at meal time, however the resident was not provided one at lunch and was able to manage intake with no assistance. The plan of care is not clear regarding times this resident may need this assistive device.
2. A resident's plan of care indicates to try providing care again 5-10 minutes after an aggressive episode. There is not clear direction regarding aggressive episodes during meal service. Staff indicate that finger foods are sometimes tried, however this intervention is not included in the plan of care.

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 the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(7). The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. The plan of care for an identified resident indicates an assistive device is required at meal times, however this was not provided at lunch on March 8, 2011.
2. The plan of care for a resident indicates that if the resident shows signs of aggression staff should return 5-10 minutes later to try providing care again. This resident had an episode of aggression, however there was no attempt to try care again 5-10 minutes later.

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 care set out in the care plan is provided to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.53(4)(c). The licensee shall ensure that, for each resident demonstrating responsive behaviours, (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

Findings:

1. A resident's responses to interventions have not been documented or assessed regarding aggressive behaviour. The plan of care dated November 2010 indicated a new intervention to wait 5-10 minutes if the resident was expressing aggressive behaviour. The behaviour assessment dated February 2011 does not include the resident's responses to this intervention, what other interventions may have been tried, or an assessment of the actions that were taken to address responsive behaviours.

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 the actions taken to respond to the needs of the resident, including assessments, reassessments interventions and resident's responses to interventions are documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.73(1) 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.

Findings:

1. The menu board outside the dining rooms on Cedar Grove and Primrose Lane indicated that the first choice at lunch was waffles and ham, however pancakes and sausages were served. The menu boards indicated the first choice at dinner was turkey schnitzel however turkey pies were served.

WN #5: The Licensee has failed to comply O.Reg. 79/10, s.73(1) 8. 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:

8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.




Findings:

1. Meals were not served course by course at dinner on March 8, 2011 in the Primrose Lane dining room. The desserts were served before the residents had completed their main entrees.

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 course by course service of meals for each resident, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		March 10, 2011	