

**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**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 21, 2022	2022_598570_0001	020100-21, 020101-21, 020102-21, 020103-21, 020104-21, 020105-21, 020106-21	Follow up

Licensee/Titulaire de permis

Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South Whitby ON L1N 9W2

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

Glen Hill Terrace
80 Glen Hill Drive Whitby ON L1N 7A3

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

SAMI JAROUR (570), BRITNEY BARTLEY (732787)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 22, 23, 24, 25, 28, March 1, 2, 3, 2022

**The following intakes were inspected during this Follow up Inspection:
Log #020100-21, follow up to to CO#001, LTCHA, 2007, s. 5, related to the home's communication response system, issued on November 23, 2021, under inspection**

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**#2021_595110_0012 , with compliance due date of December 22, 2021.
Log #020101-21, follow up to to CO#002, O.Reg 79/10, s. 71. (5), related to residents' individualized menus, issued on November 23, 2021, under inspection #2021_595110_0012 , with compliance due date of December 22, 2021.
Log #020102-21, follow up to to CO#003, O.Reg 79/10, s. 72. (3), related to the home's food production system, issued on November 23, 2021, under inspection #2021_595110_0012 , with compliance due date of December 22, 2021.
Log #020103-21, follow up to to CO#004, O.Reg 79/10, s. 26. (4), related to the home's interdisciplinary assessment of resident's hydration status, issued on November 23, 2021, under inspection #2021_595110_0012, with compliance due date of December 22, 2021.
Log #020104-21, follow up to to CO#005, O.Reg 79/10, s. 33. (1), related to bathing, issued on November 23, 2021, under inspection #2021_595110_0012 , with compliance due date of December 22, 2021.
Log #020105-21, follow up to to CO#006, O.Reg 79/10, s. 35. (1), related to preventive and basic foot care services, issued on November 23, 2021, under inspection #2021_595110_0012 , with compliance due date of December 22, 2021.
Log #020106-21, follow up to to CO#007, O.Reg 79/10, s. 68. (2), related to monitoring of the food and fluid intakes of residents, issued on November 23, 2021, under inspection #2021_595110_0012 , with compliance due date of January 28, 2022.**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Quality and Innovation, Director of Care (DOC), Assistant Director of Care (ADOC), Environmental Manager, Food Services Manager (FSM), Registered Dietitian (RD), Personal Support Workers (PSW), Registered Nurses (RN), Registered Practical Nurses (RPN), Dietary Supervisor, Dietary Aides, Support Aides, Activity Aide, Housekeeping Staff, Residents and Substitute Decision Makers.

During the course of the inspection, the inspector(s) observed infection prevention and control practices, resident and staff interactions; conducted resident observations, dining observation; reviewed health records, menus and relevant policies.

The following Inspection Protocols were used during this inspection:

**Food Quality
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Safe and Secure Home**

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

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**Rapport d'inspection en vertu de
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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 26. (4)	CO #004	2021_595110_0012		570
O.Reg 79/10 s. 33. (1)	CO #005	2021_595110_0012		732787
O.Reg 79/10 s. 35. (1)	CO #006	2021_595110_0012		732787
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_595110_0012		570
O.Reg 79/10 s. 71. (5)	CO #002	2021_595110_0012		570
O.Reg 79/10 s. 72. (3)	CO #003	2021_595110_0012		570

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 O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,**
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that food and fluid intakes were monitored and evaluated for residents with identified risks related to nutrition and hydration.

Compliance order #007 related to O. Reg. 79/10, s. 68 (2) from inspection #2021_595110_0012 served on November 23, 2021, with a compliance due date of January 28, 2022, is being re-issued.

Resident #002 identified at a nutritional risk did not have their food and fluid intake monitored and evaluated for a specified period. The plan of care for resident #002 directs staff to record the total amount of food and fluids consumed.

A review of resident #002's daily food and fluid intake records indicated incomplete intake records with gaps of missing information. [s. 68. (2) (d)]

2. Resident #011 identified at a nutritional risk did not have their food and fluid intake monitored and evaluated for a specified period. The plan of care for resident #011 directs staff to record the total amount of food and fluids consumed.

A review of resident #011's daily food and fluid intake records indicated incomplete intake records with gaps of missing information. [s. 68. (2) (d)]

3. Resident #012 identified at a nutritional risk did not have their food and fluid intake monitored and evaluated for a specified period. The plan of care for resident #012 directs staff to record the total amount of food and fluids consumed.

A review of resident #012's daily food and fluid intake records indicated incomplete intake records with gaps of missing information. [s. 68. (2) (d)]

During separate interviews with the Food Services Manager (FSM), the Registered Dietitian (RD) and the Assistant Director of Care (ADOC), they confirmed the missing gaps in documentation and indicated the transition from the paper records to the electronic records had caused the gaps and errors in documentation of the food and fluid intakes. The RD indicated they had to create their own follow up sheets for residents at high nutritional risk as they could not rely on the daily food and fluid intake records. The ADOC indicated, based on the daily food and fluid intakes for residents #002, #011 and #012, the food and fluid intakes were not consistently reviewed by registered staff and that they had not received any concerns from registered staff regarding missing information and errors in documentation of the food and fluid intakes.

Failing to monitor residents' fluid intake and inaccurate reporting of fluid intake put residents at increased risk of harm of dehydration.

Sources: Resident's health plan of care and Daily Food and Fluid intake records; Interviews with Food Services Manager (FSM), Registered Dietitian (RD) and Assistant Director of Care (ADOC). [s. 68. (2) (d)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 22nd day of March, 2022

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SAMI JAROUR (570), BRITNEY BARTLEY (732787)

Inspection No. /

No de l'inspection : 2022_598570_0001

Log No. /

No de registre : 020100-21, 020101-21, 020102-21, 020103-21, 020104-
21, 020105-21, 020106-21

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Mar 21, 2022

Licensee /

Titulaire de permis : Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South, Whitby, ON, L1N-9W2

LTC Home /

Foyer de SLD : Glen Hill Terrace
80 Glen Hill Drive, Whitby, ON, L1N-7A3

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Kathryn Pilkington

To Glen Hill Terrace Christian Homes Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / 2021_595110_0012, CO #007;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

(b) the identification of any risks related to nutrition care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10, s. 68 (2).

Specifically, the licensee must:

1. Implement a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

2. Conduct daily audits of a minimum of one resident from each home area to ensure that the resident's food and fluid intakes are accurately recorded, monitored, and evaluated. The audits shall continue until the compliance due date of this order. Maintain records of completed audits to be available to the Inspector upon follow-up inspection.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure that food and fluid intakes were monitored and evaluated for residents with identified risks related to nutrition and hydration.

Compliance order #007 related to O. Reg. 79/10, s. 68 (2) from inspection #2021_595110_0012 served on November 23, 2021, with a compliance due date of January 28, 2022, is being re-issued.

Resident #002 identified at a nutritional risk did not have their food and fluid intake monitored and evaluated for a specified period. The plan of care for resident #002 directs staff to record the total amount of food and fluids consumed.

A review of resident #002's daily food and fluid intake records indicated incomplete intake records with gaps of missing information. (570)

2. Resident #011 identified at a nutritional risk did not have their food and fluid intake monitored and evaluated for a specified period. The plan of care for resident #011 directs staff to record the total amount of food and fluids consumed.

A review of resident #011's daily food and fluid intake records indicated incomplete intake records with gaps of missing information. (570)

3. Resident #012 identified a nutritional risk did not have their food and fluid intake monitored and evaluated for a specified period. The plan of care for resident #012 directs staff to record the total amount of food and fluids consumed.

A review of resident #012's daily food and fluid intake records indicated incomplete intake records with gaps of missing information.

During separate interviews with the Food Services Manager (FSM), the Registered Dietitian (RD) and the Assistant Director of Care (ADOC), they confirmed the missing gaps in documentation and indicated the transition from the paper records to the electronic records had caused the gaps and errors in documentation of the food and fluid intakes. The RD indicated they had to create

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Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

their own follow up sheets for residents at high nutritional risk as they could not rely on the daily food and fluid intake records. The ADOC indicated, based on the daily food and fluid intakes for residents #002, #011 and #012, the food and fluid intakes were not consistently reviewed by registered staff and that they had not received any concerns from registered staff regarding missing information and errors in documentation of the food and fluid intakes.

Failing to monitor residents' fluid intake and inaccurate reporting of fluid intake put residents at increased risk of harm of dehydration.

Sources: Resident's health plan of care and Daily Food and Fluid intake records; Interviews with Food Services Manager (FSM), Registered Dietitian (RD) and Assistant Director of Care (ADOC).

An Order was made by taking the following factors into account:

Severity: There was actual risk of harm of dehydration in failing to provide the minimum amount of fluids according to the food and fluid intake records and failing to monitor residents fluid intake.

Scope: The scope of this non-compliance was widespread as three out of three residents reviewed did not have their food and fluid intake monitored and evaluated.

Compliance History: The licensee continued to be non-compliant with O. Reg. 79/10, s. 68 (2), resulting in a compliance order (CO) being re-issued. Compliance order #007 related to O. Reg. 79/10, s. 68 (2) from inspection #2021_595110_0012, issued on November 23, 2021, with a compliance due date of January 28, 2022. (570)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Apr 21, 2022

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 21st day of March, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Sami Jarour

Service Area Office /

Bureau régional de services : Central East Service Area Office