

Health System Accountability and Performance  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 13, 14, 17, 18, 2011	2011_087128_0027	Mandatory Reporting

**Licensee/Titulaire de permis**

RITZ LUTHERAN VILLA  
R.R. #5, MITCHELL, ON, N0K-1N0

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

MITCHELL NURSING HOME  
184 NAPIER STREET, S.S. #1, MITCHELL, ON, N0K-1N0

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

RUTH HILDEBRAND (128)

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

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with the Acting Director of Care, Nutrition Services Director, one Registered Practical Nurse, three Personal Support Workers, and one Dietary Aide.

During the course of the inspection, the inspector(s) observed a partial lunch meal, reviewed the choking incident and internal follow-up actions; training; and policies and procedures related to the inspection.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**
**Specifically failed to comply with the following subsections:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident;**

**(b) the goals the care is intended to achieve; and**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**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. 2007, c. 8, s. 6 (7).**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**Findings/Faits saillants :**

1. On October 13, 2011 at 13:17, a partial lunch meal was observed in the dining room with the Nutrition Manager. It was noted that an identified resident who is at high nutritional risk related to dysphagia was not provided with the correct eating utensils, to assist with safe eating, as outlined in the plan of care. The spoon being used to feed the resident was too large, placing the resident at risk of choking.

It was confirmed through staff interviews, by the Personal Support Worker who was feeding the resident and the Dietary Aide who set the tables in the dining room, that this resident is always provided with the same utensils. Both staff acknowledged that they were not aware of the contents of the plan of care for this resident.

It was noted that the dining room kardex did not provide clear direction to staff as it was inconsistent with the care that was outlined in the care plan.

On October 13, 2011 at 13:20, a staff interview was conducted with the Nutrition Manager, in the dining room, to query the expectations related to plans of care for residents. She indicated that the expectation is that care is provided to residents as set out in the plan of care. She also acknowledged later that afternoon that the home's expectation is that staff are aware of what is in the plan of care and that the plan of care is consistent and provides clear direction to staff who provide care to the resident.

[LTCHA, 2007 S.O. 2007, c.8, s.6 (1)(c), s.6(7), and s. 6(8)]

**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 written plans of care for residents set out clear directions to staff who provide direct care; that the care set out in the plans of care is provided to the residents; and that staff are kept aware of the contents of plans of care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

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**Findings/Faits saillants :**

1. On October 13, 2011 at 10:45, the Nursing Care policy and procedure manual was reviewed in the Director of Care office. It was noted that there were no policies and procedures in place to guide staff related to choking risk.

On October 13, 2011 at 13:51, a staff interview was conducted with the Acting Director of Care, in the Director of Care office, to query expectations regarding policies and procedures related to choking risk. She indicated that her expectation was that there should be policies and procedures in place to guide staff. She stated that "all the staff should have training in CPR, choking and doing the Heimlich manoeuvre. They work with a vulnerable population here and they need to know how to react".

[O.Reg.79/10, s. 30(1)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 there are policies and procedures in place to guide staff to reduce the risk of choking, to be implemented voluntarily.***

**Issued on this 18th day of October, 2011**



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

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

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