



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 13, 2015	2015_303563_0039	026265-15	Resident Quality Inspection

**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**

MELANIE NORTHEY (563), INA REYNOLDS (524), RHONDA KUKOLY (213)

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



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): September 29 - October 2 and October 5, 2015**

**The following inspection were conducted concurrently during this RQI inspection:  
Log # 021077-15: Complaint related to admission, discharge and care concerns in  
inspection # 2015\_229213\_0043**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Administrative Assistant, the Resident Assessment Instrument Coordinator, the Building Service Director, the Assistant Director of Dietary Services, two Registered Nurses, two Registered Practical Nurses, one Activity Assistant, one Physiotherapy Assistant, one Housekeeper, one Dietary Aide, one Cook, two Personal Support Workers, three Family Members and forty Residents.**

**The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleaning and condition of the home.**

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



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**Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Pain  
Personal Support Services  
Residents' Council  
Skin and Wound Care**

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

**3 WN(s)  
2 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**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
<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. 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Record review of the "Pain Management # RESI-10-03-01" last revised March 2014 revealed, "Indicators for completing a pain assessment include: Resident is scored on the Resident Assessment Instrument (RAI) Minimum Data Set (MDS) assessment under section J as 1 (pain less than daily) or 2 (pain daily)."

Record review of the "Pain Policy # 05-08-01" revealed, "Quarterly pain assessments will be completed based on the MDS 2.0 data collection related to pain. If the response on the MDS 2.0 assessment for questions J2a and/or J2b are greater than zero, Registered Staff will complete the Home's Pain Assessment Tool."

Record review of the MDS Assessments for Resident # 001 revealed the frequency with which the resident complained or showed evidence of pain was documented in multiple MDS Assessments in 2015. Record review of the "Pain Assessments" completed in PointClickCare (PCC) revealed only one assessment was completed in 2015.

Record review of the MDS Assessments for Resident # 011 revealed the frequency with which the resident complained or showed evidence of pain was documented in an MDS Assessment in 2015. Record review of the "Pain Assessments" completed in PCC for Resident # 011 revealed a Pain Assessment was not completed when pain was indicated on the MDS Assessment.

Staff interview with the Director of Care (DOC) confirmed that with any change in pain, new pain, return from hospital, or when the MDS indicated pain, a Pain Assessment would be completed.

Staff interview with the RAI-Coordinator confirmed Pain Assessments were not being done when a resident scored "1 (pain less than daily) or 2 (pain daily)" as stated in the policy. [s. 8. (1) (b)]



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***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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**WN #2: 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 the home had a dining and snack service that included food and fluids being served at a temperature that was both safe and palatable to the residents.

During the course of the inspection, random Residents were interviewed and shared the following comments regarding food temperatures:

- Meals were not hot enough like at home.
- Sometimes it was ok, sometimes it was cold.
- Sometimes the vegetables were cold at lunch and dinner.
- Potatoes and vegetables were not hot at dinner, sometimes served cold.
- Sometimes the potatoes were cold.
- Last night we had a choice of two meats and it was cold.

Review of the home's "Point of Service Food Temperature" Policy DIET-07-01-03 dated June 2013 revealed that the temperatures of foods were to be taken just before serving to ensure hot foods were served to residents at a minimum of 60 degrees Celsius/140 degrees Fahrenheit and cold foods at a maximum of 5 degrees Celsius/41degrees Fahrenheit and directed staff to "Record the temperature on the Food Temperature Record."

A review of the Food Temperature Records for August 10 – September 30, 2015 revealed no recorded temperature of foods served for the following dates:

- a) August 11 and 19th for breakfast
- b) August 11th for lunch
- c) August 10, 18, 21, 29, September 25, 27, 30th for dinner

The Assistant Director of Dietary Services confirmed that the home used the Food Temperature Record form at point of service to verify the temperatures of the food served. The Assistant Director of Dietary Services further confirmed that the food temperatures were not always taken by staff and was unable to verify the actual temperatures of the food served.

The licensee failed to ensure that the home had a dining and snack service that included food and fluids being served at a temperature that was both safe and palatable to the residents. [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 the home had a dining and snack service that included food and fluids being served at a temperature that is both safe and palatable to the residents, to be implemented voluntarily.***

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**WN #3: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

Record review of the current care plan revealed Resident # 010 used side rails while in bed.

Record review of the Assessments completed in PointClickCare (PCC) revealed a "Personal Assistance Service Device Assessment" (PASD) was not completed related to the use of side rails.

Staff interview with the Director of Care (DOC) and the Resident Assessment Instrument Coordinator (RAI-C) on confirmed side rails were in use and documented in the resident's plan of care. The DOC and RAI-C both confirmed a PASD Assessment was not completed for Resident # 010 to assess for the use of side rails and confirmed the assessment would have demonstrated that the resident did not require side rails. [s. 6. (2)]





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**Issued on this 13th day of October, 2015**

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

**Original report signed by the inspector.**