



**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**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
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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
Jun 16, 17, 21, 2011	2011_087128_0003	Complaint

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 Complaint Inspection.

During the course of the inspection, the inspector(s) spoke with the Nutrition Services Director, Director of Care, 1 Registered Practical Nurse, 4 Personal Support Workers/Health Care Aides, 2 Cooks, 1 Dietary Aide, the Office Assistant, and 12 residents.

During the course of the inspection, the inspector(s) observed the lunch meal on June 17, 2011, reviewed menus, reviewed Residents' Council and Food Committee minutes as well as policies related to this inspection. One resident record was reviewed.

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observation

Food Quality

Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions	Définitions
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 LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (4) The licensee shall ensure that,

- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
- (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
- (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
- (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits sayants :

1. On June 21, 2011, at 11:30 a.m., the Residents' Council and Food Committee minutes were reviewed. It was noted that there was no evidence to support that the Residents' Council had been advised of actions taken to improve the care, services, programs and goods based on the results of the annual satisfaction survey.

On June 21, 2011, at 12:10 p.m., a staff interview was held with the Nutrition Services Director to query whether Residents' Council was advised of actions taken to improve the care, services, programs and goods based on the results of the annual satisfaction survey. The Nutrition Services Director confirmed that the results of the satisfaction survey, from November 2010, were not shared with Residents' Council.

2. On June 21, 2011, at 11:30 a.m., the Residents' Council and Food Committee minutes were reviewed. It was noted that there was no reference to residents being given any input into carrying out a satisfaction survey in the home.

On June 21, 2011, at 12:00 p.m., a staff interview was held with the Nutrition Services Director to query whether the advice of Residents' Council was sought in developing and carrying out the annual satisfaction survey. The Nutrition Services Director stated that the survey was conducted in November 2010 and the advice of Residents' Council was not sought in the development of the survey.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (2) The licensee shall ensure that each menu,

(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and

(b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time. O. Reg. 79/10, s. 71 (2).

Findings/Faits sayants :

1. On June 21, 2011, at 10:45 a.m., the Winter/ Spring menu cycle was reviewed to determine if a variety of foods were offered. It was noted that the menus are repetitious including the following examples:

-quiche is served at lunch on Saturday, Week #4 and again 3 days later on Tuesday, Week #1; a Frittata is served at lunch on Saturday, Week #3 and an omelet is served at lunch the next day; likewise an omelet and vegetable(egg) strata are served 2 days apart in Week #2. Eggs are served 7 days per week at breakfast.

-tuna is served at lunch on Friday, Week #2 and 2 days later Sunday, Week #2.

- a salmon sandwich is served at lunch Wednesday, Week # 4 and Week #1 and an egg salad plate is served Thursday, Week #4 and Week #1.

-pork chops are served Monday and Thursday, Week #2.

On June 21, 2011, at 11:50 a.m., a staff interview was held with the Nutrition Services Director to query the lack of variety in the menus. She acknowledged that there was a lack of variety and she stated that they were working on rectifying the repetition in the Summer/Fall menus for 2011.

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 menu provides for a variety of foods, including fresh seasonal foods each day,, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality; and

(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits sayants :

1. On June 17, 2011, at 1:10 p.m., during observation of the lunch meal in the dining room, it was noted that there was a large amount of plate waste with the macaroni salad. Of the meals observed, it was noted that 8/8 (100%) did not eat the macaroni salad.

On June 17, 2011, at 1:20 p.m., during the lunch meal in the dining room, twelve resident interviews were conducted and residents were queried about the quality of the food in the home. Only fifty percent of the residents interviewed expressed satisfaction with the quality of the food in the home.

On June 17, 2011, at 1:30 p.m., the modified texture food was observed in the steam table to determine if the appearance/texture was appropriate. It was noted that the minced texture was too fine and was comparable to a pureed texture.

On June 17, 2011, at 1:30 p.m., a staff interview was conducted with the Nutrition Services Director to query the appearance/texture of the minced texture. She acknowledged that it was not in keeping with the expectations of the home's minced texture.



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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 food and fluids are prepared and served using methods which preserve taste, nutritive value, appearance and food quality,, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 76. Cooks

Specifically failed to comply with the following subsections:

s. 76. (1) Every licensee of a long-term care home shall ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home. O. Reg. 79/10, s. 76 (1).

Findings/Faits sayants :

1. On June 17, 2011, at approximately 1:10 p.m., while observing the dining room, a resident advised inspector that he had been a cook his whole life and the food is not well prepared here at all. "They can start out with okay ingredients but by the time we get it the food is terrible".

On June 17, 2011, at 1:20 p.m., resident interviews were conducted with residents in the dining room related to the quality of the food. Two residents stated that they think the problem with the food is because they only have part-time cooks.

On June 17, 2011, at 1:45 p.m., a staff interview was conducted with the Nutrition Services Director. She confirmed that the home does not have at least one cook who works at least 35 hours per week.

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 is at least one cook who works at least 35 hours per week,, to be implemented voluntarily.

Issued on this 21st day of June, 2011

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

Ruth Hildebrand