Ontario

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 25, 2013	2013_171155_0020	L-000220-13	Resident Quality Inspection

Licensee/Titulaire de permis

CHARTWELL MASTER CARE LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

CHATEAU GARDENS AYLMER LONG TERM CARE CENTRE
465 TALBOT STREET WEST, AYLMER, ON, N5H-1K8

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

SHARON PERRY (155), CAROLE ALEXANDER (112), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 21, 22, 23, 24, 27, 28, 29, 30 and 31, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator/Environmental Services Manager, Director of Care, Nutrition Manager, Program and Support Services Manager, Unit Clerk, 5 Registered Nurses, 2 Registered Practical Nurses, Dietary Services Consultant, Resident Care and Services Consultant, Director of Regional Operations, 9 Personal Support Workers, 3 Environmental Services Worker, 3 Food Service Workers, Resident Council Representative, 3 Family Members, and 40 Residents.

During the course of the inspection, the inspector(s) toured the home; observed meal service, resident care, staff/resident interactions, medication administration; reviewed relevant residents' clinical records, admission and resident charges records, posting of required information, relevant policies and procedures and reviewed minutes of meetings related to the inspection.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Laundry

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Sufficient Staffing

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 O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the planned menu items are offered and available at each meal and snack as evidenced by:
i) On May 21, 2013 staff were observed serving whole pineapple vs. pineapple tidbits per posted and weekly menu cycle. Staff and Nutrition Manager confirmed during interviews that pineapple tidbits were not available. This was not communicated prior to the dining service.

ii) On May 21, 2013 during lunch meal service an identified resident was not served a beverage according to their planned menu. A review of their kardex revealed that they are to receive this beverage three times a day at each meal service. Staff confirmed that the beverage was not available for the past 2 days.
The Nutrition Manager confirmed that the beverage was currently not in stock. [s. 71. (4)]

2. i) Review of the staff's written documentation revealed the following staff notations regarding food shortages:
a) On April 11, 2013- No mushroom soup therefore used celery soup, no watermelons therefore used peaches, not enough beef for cold plate so used some corned beef, no sweet potato fries so used one bag of regular fries along with the rest of the mashed potatoes.
b) On April 13, 2013- Not enough cake mix to make coconut cake only have one bag need two. No ginger for stir fry.
c) On April 14, 2013- No pasta shells so used ravioli noodles.
d) On April 18, 2013- No bacon for lunch. No farmer's blend vegetables so made own blend. No salt. Have not had fresh celery and onions for months.
e) April 19, 2013- No asparagus and parmesan cheese.
f) April 22, 2013- No cantaloupe so used bananas.
g) April 24, 2013- No Canadian french pea soup so was told to use split pea soup but did not have enough split peas so used green lentils. No fresh onions for burgers.
h) April 25, 2013- No chicken slovaki so used turkey schnitzel. Did not have enough grapes so used left over tropical fruit from yesterday's lunch.
i) April 28, 2013- Lunch menu totally changed, BBQ ribette (which were in the freezer) to Octoberfest sausage and lattice fries to mashed potatoes.
j) April 30, 2013- No apple juice used lemonade. No mushrooms or garlic for soup. No apples or cantaloupe for lunch.
ii) Review of the food production records from March 4, 2013 to May 12, 2013 revealed that 45 menu changes were made due to the home not having the supplies

necessary for the posted menu. This was confirmed by the home's Dietary Services Consultant. [s. 71. (4)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. On May 23, 2013 during breakfast, it was noted that the mugs being used in the dining rooms were not clean and/or in poor condition. Five china mugs were chipped and/or heavily stained/dirty. Five plastic mugs were also noted to be heavily stained. The small plastic glasses were also noted to be stained and discoloured. This was confirmed by the Administrator. [s. 15. (2) (a)]

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, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 30 (1).
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. O. Reg. 79/10, s. 30 (1).
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. O. Reg. 79/10, s. 30 (1).
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).

Findings/Faits saillants :

1. The home did not evaluate and update the following programs at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
-Nursing and personal support services
-Restorative care
-Recreation and social activities
-Medical services
-Information and referral assistance
-Religious and spiritual practices
-Accommodation services
-Volunteer program
-Skin and wound care
-Pain management
This was confirmed by the Administrator. [s. 30. (1) 3.]

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 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: 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, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) 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. 31 (4).

Findings/Faits saillants :

1. The home was not able to provide a written record of the evaluation of the staffing plan that included the date, names of specific persons who participated in the evaluation and a summary of the changes made and the date that those changes were implemented.
This was confirmed by the Administrator. [s. 31. (4)]

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 a written record relating to each evaluation of the staffing plan 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, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. An identified resident was noted to be incontinent of bladder but did not have an individualized plan of care to promote and manage bladder continence. Staff confirmed that the resident did not have an individualized plan of care to promote bladder continence. [s. 51. (2) (b)]

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 each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee did not ensure that menu substitutions were communicated to residents on April 4, 2013, April 7, 2013 and May 21, 2013. This was confirmed by residents and the home's Dietary Services Consultant. [s. 72. (2) (f)]

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 an organized food production system in the home that provides for communication to residents and staff of any menu substitutions, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. The licensee has failed to implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long -term care home.
The home has a Continuous Quality Improvement program however it has not been fully implemented as evidenced by:
a) During April 2013 there were no audits done in the nursing as per home's program.
b) As per the home's program, meal round audits are to be completed two times a week. Meal round audits were completed twice for the months of January, February, March 2013 and once during the month of April 2013 (22%).
c) As per the home's program, nourishment audits are to be completed once weekly. From January to April 2013 only 3/16 (19%) audits were completed.
d) As per the home's program, 5-10% (3-6 audits) nutrition care chart audits are to be completed each month. From January to April 2013 only 2 audits were completed.
e) As per the home's program, the Sanitation and Safety audit is to be completed monthly. For the months of January to April 2013 no (0%) audits were completed.
This was confirmed by the Director of Care, Dietary Manager and Administrator. [s. 84.]

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 implements a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. Throughout the inspection, an identified room was noted to have a lingering offensive odour. Staff acknowledged that they have not been successful in attempts made to address this lingering odour and that the expectation is that the room is odour free. [s. 87. (2) (d)]

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 procedures are developed and implemented for addressing incidents of lingering offensive odours, to be implemented voluntarily.

WN #9: 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 has failed to ensure that the Privacy and Confidentiality Policy of the home is complied with. The Privacy and Confidentiality policy dated September 2011, indicates: confidential documents shall be shredded when they are disposed of; they are not to be thrown into the garbage intact.

This policy was not complied with when registered staff were observed during medication administration discarding the cellophane medication strip packages containing resident names and the medications prescribed, into the garbage bin on the medication cart. This garbage is then discarded into a larger garbage bag or directly deposited into the outside garbage bin.
The Administrator verified that the home is not currently following this procedure, thus putting residents confidential information at risk. [s. 8. (1) (b)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. An identified resident had a fall. The Ont-Post Falls Analysis (post-falls assessment) was not completed. As of May 28, 2013 this assessment that is in point click care was still in progress. This was confirmed by the Registered Nurse. [s. 49. (2)]

WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. Resident Council representative states that they do not receive a response to concerns or recommendations made by the council until the next monthly meeting. The Program and Support Services Manager states that they get the response within 10 days but they do not review them with Residents' Council until the next meeting. [s. 57. (2)]

WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :

1. The home does not have a Family Council. The licensee does not convene semi-annual meetings to advise residents' families and persons of importance to residents of their right to establish a Family Council. This was confirmed by the Administrator. [s. 59. (7) (b)]

WN #13: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

s. 78. (2) The package of information shall include, at a minimum,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)
(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)
(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)

(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)
(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. A review of the home's admission package reveals that the package does not include an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident. The Administrator confirmed that this is not in the admission package. [s. 78. (2) (d)]

WN #14: 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:

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); 2007, c. 8, s. 85. (4).
(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; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(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 saillants :

1. The licensee did not document and make available to the Residents' Council the results of the satisfaction survey in order to seek the advice of the Council about the survey. This was confirmed by the Residents' Council representative and by the Program and Support Services Manager. [s. 85. (4) (a)]

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.

2. The system must be ongoing and interdisciplinary.

3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.

4. A record must be maintained by the licensee setting out,

i. the matters referred to in paragraph 3,

ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and

iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. The home does not maintain a record setting out the improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents. This was confirmed by the Administrator. [s. 228. 4. i.]

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The Licensee did not ensure that all staff participated in the implementation of the infection control program as evidenced by:
a)Room A-urine collection hat was noted on the floor in the resident's bathroom
b)Rooms B; C, D, and E-bedpans were noted on the back of the toilets in the resident's bathrooms
c)Room F-urine collection hat was noted in a wash basin on the resident's storage unit in the bathroom
Rooms G, H, I, J-urine collection hats noted on the floor
Room K-two bed pans noted on the floor in the bathroom

During an interview with the Director of Care, they confirmed that the expectation is that the bedpans and urine collection hats are to be stored in an appropriate manner, not on the back of toilets, tucked into handrails or towel bars, or on the floor. [s. 229. (4)]

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records
Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and
(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :

1. An identified resident indicated that they had missed their bath but could not remember the exact date. A review of the identified resident's bath flow sheet for March, April and May 2013 revealed that the records were incomplete. Review of the staffing schedules shows that the home was short staffed on an identified date and there was no documentation available to support that a make up bath was re-scheduled for the identified resident. It is unknown if the identified resident missed a bath.
A review of the flow sheet records for four other identified residents indicated that bathing documentation was incomplete on the flow sheet records throughout March and April 2013.
This was confirmed by the Director of Care. [s. 231. (b)]

Issued on this 2nd day of July, 2013

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

SHARON PERRY

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SHARON PERRY (155), CAROLE ALEXANDER (112), TERRI DALY (115)
Inspection No. / No de l'inspection :	2013_171155_0020
Log No. / Registre no:	L-000220-13
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Jun 25, 2013
Licensee / Titulaire de permis :	CHARTWELL MASTER CARE LP 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1
LTC Home / Foyer de SLD :	CHATEAU GARDENS AYLMER LONG TERM CARE CENTRE 465 TALBOT STREET WEST, AYLMER, ON, N5H-1K8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Lori Demaiter

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

To CHARTWELL MASTER CARE LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Order / Ordre :

The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Grounds / Motifs :

1. The licensee failed to ensure that the planned menu items are offered and available at each meal and snack.
i) Review of the staff's written documentation revealed the following staff notations regarding food shortages:
a) On April 11, 2013- No mushroom soup therefore used celery soup, no watermelons therefore used peaches, not enough beef for cold plate so used some corned beef, no sweet potato fries so used one bag of regular fries along with the rest of the mashed potatoes.
b) On April 13, 2013- Not enough cake mix to make coconut cake only have one bag and need two. No ginger for stir fry.
c) On April 14, 2013- No pasta shells so used ravioli noodles.
d) On April 18, 2013- No bacon for lunch. No farmer's blend vegetables so made own blend. No salt. Have not had fresh celery and onions for months.
e) April 19, 2013- No asparagus and parmesan cheese.
f) April 22, 2013- No cantaloupe so used bananas.
g) April 24, 2013- No Canadian french pea soup so was told to use split pea soup bud did not have enough split peas so used green lentils. No fresh onions for burgers.
h) April 25, 2013- No chicken slovaki so used turkey schnitzel. Did not have enough grapes so used left over tropical fruit from yesterday's lunch.
i) April 28, 2013- Lunch menu totally changed, BBQ ribette (which were in the freezer) to Octoberfest sausage and lattice fries to mashed potatoes.
j) April 30, 2013- No apple juice used lemonade. No mushrooms or garlic for

soup. No apples or cantaloupe for lunch.
ii) Review of the food production records from March 4, 2013 to May 12, 2013 revealed that 45 menu changes were made due to the home not having the supplies necessary for the posted menu. This was confirmed by the home's Dietary Services Consultant.
(112)

2. i) On May 21, 2013 staff were observed serving whole pineapple vs. pineapple tidbits per posted and weekly menu cycle. Staff and Nutrition Manager confirmed during interviews that pineapple tidbits were not available. This was not communicated prior to the dining service.

ii) On May 21, 2013 lunch meal service an identified resident was not served a beverage according to their planned menu. A review of their kardex revealed that they are to receive this beverage three times a day at each meal service. Staff confirmed that the beverage was not available for the past 2 days. The Nutrition Manager confirmed that the beverage was currently not in stock. (115)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 03, 2013

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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 25th day of June, 2013

Signature of Inspector / Signature de l'inspecteur : SHARON PERRY

Name of Inspector / Nom de l'inspecteur : SHARON PERRY

Service Area Office / Bureau régional de services : London Service Area Office