



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Oct 19, 2016	2016_291194_0026	028575-16	Complaint

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF DURHAM
605 Rossland Road East WHITBY ON L1N 6A3

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

LAKEVIEW MANOR
133 Main Street P.O. Box 514 Beaverton ON L0K 1A0

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 06, 07 and 11, 2016

During the course of the inspection, the inspector(s) spoke with Resident, Administrator, Director of Care (DOC), Resident Care Coordinator (RCC), Registered Nurse (RN), Registered Practical Nurse (RPN), Dietitian (RD), Nurse Practitioner (NP), Physician, Environmental Service Manager (ESM), Food Service Supervisor (FSS), Personal Support Worker (PSW), Laundry Aides (LA), Dietary Aides (DA)..

Inspector also observed provision of resident care by staff, meal service, reviewed relevant policies, licensee's complaint log, laundry processes and identified clinical health records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Dining Observation

Nutrition and Hydration

Reporting and Complaints

Skin and Wound Care

Snack Observation

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

1 WN(s)

1 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
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. 73. Dining and snack service



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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).

s. 73. (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that resident # 001 was served soup at a temperature that was safe and palatable.

During a meal on an identified date resident #001 was provided a bowl of soup. Resident #001 spilled the soup and sustained an injury. During interviews Dietary Aides (DA) #107 and #112 indicated that resident #001's soup would have been a "Cup of Soup". Both DAs indicated that a temperatures were not taken for the "Cup of Soups" prepared for residents. During an interview FSS indicated that temperatures should be taken for all food served to residents prior to the meal service.

Review of the home policy Food Temperature control FOOD-04-01-40 directs;
-Temperatures are to be taken of all foods and beverages served to the residents, staff and out reach programs with a digital thermometer
-Food services aides in each dining area will take and record food and beverage temperature prior to meal services, report any discrepancies immediately on the temperature forms and take corrective actions.

Soup provided to resident #001 did not have a temperature taken placing the resident at risk resulting in injury. The soup provided to resident #001 was not safe or palatable. [s. 73. (1) 6.]

2. The licensee has failed to ensure that staff was available to provide assistance to resident #001 during meal service.

Review of the plan of care for resident #001 directed; Assistance with eating: resident is encouraged to start to self feed under supervision of staff but when the resident tires, staff provide total assistance X1 staff.

During interviews PSW #105, RN # 106 and PRN #108 indicated that on identified date, a bowl of soup was placed on the table, staff were not available to assist resident #001. Resident #001 spilled the soup and sustained an injury.

Appropriate supervision by staff was not provided after a hot soup was served for resident #001, resulting in injury when the soup was spilled. [s. 73. (2) (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 by ensuring that resident #001's "Cup of Soup" is served at a safe and palatable temperature and that no food is served to resident #001 until someone is available to provide the assistance required as identified in the plan of care., to be implemented voluntarily.

Issued on this 20th day of October, 2016

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

Original report signed by the inspector.