



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

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

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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<b>Date(s) of inspection/Date de l'inspection</b> March 23, 24, 25 2011	<b>Inspection No/ d'inspection</b> 2011_148_8540_21Mar145921	<b>Type of Inspection/Genre d'inspection</b> Complaint Log # O-000436
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**Licensee/Titulaire**  
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Fax 613-527-3103

**Long-Term Care Home/Foyer de soins de longue durée**  
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**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Amanda Nixon (ID #148)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to the care of an identified resident.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Nutritional Manager, Registered Dietitian, Director of Staff Development, Coordinator of Care (Registered Nurse) and Registered Practical Nurse responsible for care on the B/C unit, Health Care Aides (HCA), Dietary Aides (DA), residents and family members on the B/C unit.

During the course of the inspection, the inspector reviewed the Therapeutic Menu for Week 1 and diet list as available in the kitchenette of the B/C unit, several resident health care records, nutritional intake records, HCA job description and job routines for the B/C unit, policies and procedures related to food and fluid monitoring and nutritional supplement and the Winter 2011 nourishment menu. The inspector also observed the lunch meal service and resident care on March 23, 2011.

During the course of the inspection, under section 147(1)c of the LTCHA, the inspector made a demand for the production of the following records:  
Policy related to the provision of nutritional supplements  
Policy related to the system to monitor/evaluate food and fluid intake of residents  
Therapeutic Nourishment Menu

The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Personal Support Services

Findings of Non-Compliance were found during this inspection. The following action was taken:

5 WN  
3 VPC

**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O. Reg 79/10, 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,

(b) is complied with

**Findings:**

1. Under O.Reg 79/10, s.68 (2)(a), the licensee shall ensure that the nutrition and hydration program include the development and implementation of policies and procedures related to nutrition care, dietary services and hydration.
2. The home policy titled "Estimation of Resident Food and Fluid Intake" states that the food and fluid intake for all residents shall be recorded after each meal and nourishment.
3. The Nutritional Intake Records from March 1-22, 2011, used to record the food and fluid intake of residents, were reviewed for five identified residents. Food and fluid was not recorded for all of the identified residents for all meals and snacks.
4. One identified resident, did not have any of the morning or afternoon nourishments recorded from March 1-22, 2011.
5. A second and third identified resident, had only 1 fluid recorded at a morning nourishment, no other morning or afternoon nourishments were recorded from March 1-22, 2011.

**Inspector ID #:** 148

**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's policy related to food and fluid recording is complied with, to be implemented voluntarily.



**WN #2:** The Licensee has failed to comply with O. Reg 79/10, s. 71(1)  
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;  
(e) is approved by a registered dietitian who is a member of the staff of the home;

**Findings:**

Related to paragraph (c):

1. As per the Fall/Winter 2011 menu, there is no planned alternative choice for vegetables for the puree texture modified menu, during week 1 on Wednesday, Friday, Saturday and Sunday.
2. Interview March 25, 2011 with the Nutritional Manager, confirmed this repetition.

Related to paragraph (e)

1. Interview on March 23, 2011 with the home's Registered Dietitian (RD) states that the current Fall/Winter menu was implemented November 2010. The RD stated that the Fall/Winter menu has not yet been approved.
2. Upon request of the inspector, the home could not provide a menu approval for the current Fall/Winter menu.

**Inspector ID #:** 148

**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 includes alternative choice of vegetable, to be implemented voluntarily.

**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 Spring/Summer 2011 menu, and all subsequent menus, are approved by the Registered Dietitian prior to implementation, to be implemented voluntarily.

**WN #3:** The Licensee has failed to comply with 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.

**Findings:**

1. The current Fall/Winter 2011 menu states that minced apple pie will be offered to residents on a minced texture modified diet, for lunch on week 1, Wednesday, March 23, 2011.
2. Minced apple pie was not offered or available at the meal observed March 23, 2011.
3. The current Fall/Winter 2011 menu states that the diabetic menu will include apple pie for lunch on week 1, Wednesday.
4. Although apple pie was available, residents observed in the B dining room, who were to receive a diabetic therapeutic diet, were not offered apple pie as a dessert choice.

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**WN #4** The Licensee has failed to comply with O. Reg 79/10 s. 73 (1)

8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

**Findings:**

1. At 12:20pm, dessert (ice cream) was provided to an identified resident. The resident had been provided the main course (meal) at 12:10pm, was feeding self and had 75% of the meal left on plate when dessert was provided. Resident immediately began to consume ice cream and did not consume any more of the meal. Resident left the dining room after completing the dessert.
2. The plan of care for the identified resident directs staff to provided one food item at a time at meals. The plan of care identifies the resident at high nutritional risk.

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**WN #5:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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,
  - (c) clear directions to staff and others who provide direct care to the resident

**Findings:**

1. The planned Fall/Winter 2011 menus state that the diabetic therapeutic menu has the following attributes: regular portion desserts, regular juice, sweetener used for coffee/tea and cereal. The planned menu does not include a diabetic minced therapeutic menu and does not differentiate between residents who are insulin dependant or non-insulin dependant.
2. Dietary aid and health care aid, responsible for the lunch meal service March 23, 2011, stated that the residents on a diabetic menu do not receive gravy and if pie is provided, or other sweet desserts, only a half portion is offered. The dietary aid also noted the pie and other sweet dessert would not be provided to residents receiving insulin.
3. Interview on March 23, 2011 with the home's Registered Dietitian, stated that diet juices were provided on the nourishment menu for those residents on a diabetic therapeutic menu.
4. Interview on March 23, 2011 with the home's Registered Dietitian, stated that if a resident was a diabetic and required minced texture modification, that the resident would be provided the diabetic minced therapeutic menu.
5. Two identified residents, both requiring a diabetic therapeutic menu, were provided the minced menu at the lunch meal observed March 23, 2011.

**Inspector ID #:** 148

