



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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

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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
May 12, 2014	2014_190159_0013	H-000145-13	Follow up

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

PEEL MANOR
525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 7, 8, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, registered staff, Dietary Manager, Personal Support Workers (PSW's), Dietary Aides, and residents

During the course of the inspection, the inspector(s) reviewed residents' clinical records, observed meal service, reviewed thickened fluids procedure in the dining areas, reviewed food production and the recipes.

The following Inspection Protocols were used during this inspection:



Dining Observation
Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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. 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 did not ensure that the planned menu items were offered and available at each meal and snack.

May 7, 2014 the planned menu week 1 Wednesday indicated pureed beef barley soup was to be served, however, resident # 0001, resident #0002 and resident #0007 were not offered and fed pureed soup. The Personal Support Worker (PSW) fed the residents main course but not the soup. Resident# 0007 was identified to receive vegetarian diet menu. Interviewed dietary aide confirmed the soup for vegetarian diet was not available; therefore the resident was not offered the soup.

The planned menu week 1 Wednesday included unsalted crackers. It was observed that this menu item for residents on puree textured diet was not available and offered. The Dietary Manager confirmed that the menu item was not available and offered.

On May 8, 2014 it was observed during breakfast and lunch meals that coffee/tea was provided to only residents those were able to request it. Residents who required assistance with eating were not offered and served a choice of hot beverage. The planned menu had listed 250 ml milk serving to be served at breakfast, however, majority of the residents were served 125 ml milk except for the identified residents who received thickened fluids. [s. 71. (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 the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee did not ensure that all food and fluids in the food production system were prepared, stored and served using methods to preserve taste, nutritive value, appearance and food quality.

The mince textured strawberries were runny and glossy. The Dietary Manager confirmed that frozen strawberries were substituted for fresh fruit and the thickener was added. The minced strawberries and the cheddar cheese ran into each other when served on the plate compromising the appearance, quality and taste.

On May 7, 2014 the vegetarian stew served for lunch was dry and thick and did not appear to be a consistent food product. The recipe for vegetarian stew was not followed. The recipes available for vegetarian menu items were not scaled and adjusted for the number of servings required. Examples: The vegetarian stew recipe available was for yield of 24 servings, the Dietary Manager confirmed the required servings were only for 3 residents receiving vegetarian diet.

The home did not always follow standardized recipes. The recipe for pureed pulled pork was not followed, it was noted and confirmed by the Dietary Manager outsourced dry product (bread crumbs) was substituted in the preparation of puree textured bread. However, the recipe for pureed bread had indicated fresh whole wheat bread ingredient to be used. The consistency of the pureed bread was too dry and lumpy. The food served to residents was not visually eye appealing. [s. 72. (3) (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 all food and fluids in the food production system are prepared, stored and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #3: 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:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. 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 did not ensure that the home had a dining and snack service that included, at a minimum, providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortable and independent as possible.

The Dining Serving Report indicated that resident # 0003 and # 0008 were to receive a “Kennedy Cup” for fluids. However, residents received beverages in regular glasses for lunch and breakfast, respectively. The resident #0003 was observed attempting to drink chocolate milk independently; the milk was dripping down off the glass. The plan of care had identified resident at high nutritional risk, swallowing difficulty due to disease diagnosis, to be provided adaptive aide i.e. Kennedy Cup for fluids and assistance with meals. [s. 73. (1) 9.]

2. The licensee did not ensure that residents who required assistance with eating and drinking served meal until someone was available to provide the assistance required by the resident.

On May 7, 2014 during an observed lunch meal in Community Dining room it was noted resident #0001, #0002 and #0007 received their beverages at 1205 hours. The plan of care had identified the residents required total assistance with eating and drinking. However, the beverages were left at the table unattended with no assistance for a period of greater than 25 minutes.

On May 8, 2014 resident #0006 was served beverages at 0825 hours but did not receive assistance until 0905 hours. The resident’s electronic care plan indicated that the resident required total assistance with eating and drinking. Dietary staff interviewed confirmed the beverages for the resident were served at approximately 0825 hours and the resident was seated at the table. The beverages were left at the table for more than 30 minutes with no assistance. The plan of care had identified the resident required assistance with eating related to cognitive deficit. [s. 73. (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 the home has a dining and snack service that included, at a minimum, providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortable and independent as possible(73(1)(9); that residents who required assistance with eating and drinking are served meal until someone is available to provide the assistance required by the resident, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 11. (2)	CO #001	2012_122156_0023	159

Issued on this 23rd day of May, 2014

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

Abha Selgud