



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 8, 9, 10, 2010	2010-165-2364-08Nov105620	Follow up H-02763

Licensee/Titulaire
Revera Long Term Care Inc.
55 Standish Court- 8th floor
Mississauga, ON
L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Garden City Manor
168 Scott Street
St.Catharines, ON
L2N 1H2

Name of Inspector(s)/Nom de l'inspecteur(s)
Tammy Szymanowski #165

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection to previously issued Long Term Care Facilities Program Manual un-met criteria: B2.6, B3.25, P1.14, P1.19, P1.27.

During the course of the inspection, the inspector spoke with: the administrator, food service manager, food service supervisor, dietitian, dietary aides, nursing and registered staff, and residents.

During the course of the inspection, the inspector: observed meal service, reviewed clinical records, reviewed production system, and reviewed policies.

The following Inspection Protocols were used during this inspection: nutrition and hydration, dining observation and food quality.

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

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 LTCHA, 2007, S.O. 2007 c.8, s. 6(1)(c)

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 plan of care for an identified resident indicates the resident is provided limited assistance and constant encouragement however; this is not reflective of the resident's current status as the resident required total assistance with eating the lunch meal November 9, 2010.
2. The plan of care indicates that an identified resident is to receive a peanut butter sandwich at lunch and dinner however; the resident's diet was changed to a modified textured diet which does not allow for this menu item.
3. The plan of care indicates that staff are to provide small frequent meals to an identified resident however; the resident currently receives meals at the regular scheduled meal times.
4. The plan of care for an identified resident indicates that the resident eats in a specified dining room however; the plan of care does not reflect the resident's choices to avoid meals in the dining room on a consistent basis.
5. The plan of care does not reflect an identified resident's recent significant weight loss including interventions from family who bring in foods and snacks.

Inspector ID #: 165

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 with ensuring that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s. 6(7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. Documentation in an identified resident's clinical record indicates the resident is to be up for meals only and put back to bed to assist with the healing of multiple ulcers however; the resident was fed in bed during the lunch meal November 9, 2010.
2. A Physicians order dated August 8, 2010 for an identified resident requests staff to order lab values however; all lab values ordered were not obtained as indicated on the August 19, 2010 lab results and there was no follow up by staff to obtain the lab value. The resident's previous lab value was below normal.

Inspector ID #:	165
------------------------	-----

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.72(2)(c)(d)(g)

The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; (d) preparation of all menu items according to the planned menu; (g) documentation on the production sheet of any menu substitutions.

Findings:

1. Production sheets and recipes were not available for staff to reference November 8, 9, 2010.
2. There were five menu changes from the planned menu November 8th and 9th, 2010. Beef sausage was changed to pork sausage for the lunch meal resulting in pork served for the lunch and supper meals November 9, 2010. Winter slaw was changed to creamy coleslaw with green peppers and chopped fresh apples however; green peppers and fresh apples were not used.
3. Production sheets were not available for staff and therefore, the substitutions were not recorded on the production sheets for November 8, 9, 2010.

Inspector ID #:	165
------------------------	-----

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 with ensuring that the food production system provides for standardized recipes, production sheets, preparation of all menu items according to the planned menu and documentation on the production sheets of any menu substitutions, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.73(2)(b)

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.

Findings:

1. Several residents waited ten minutes prior to receiving assistance from staff with eating their soup for the lunch meal November 8, 2010.
2. One identified resident waited nine minutes prior to receiving assistance from staff to eat their lunch meal November 9, 2010.

Inspector ID #:	165
------------------------	-----

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 with ensuring that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide assistance required by the resident, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(b)

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, and (b) is complied with.

Findings:

1. Nursing staff at the home did not follow the procedure nutritional care and meal service related to meal consumption reports policy LTC-H-10. This procedure requires nursing staff to notify registered staff when a resident's food and fluid intake at a meal is documented as poor. Poor fluid intake is indicated if the resident consumes less than 1000ml per day or less than 50% of the dietitians estimated recommended daily fluid intake. Registered staff are required to review the meal consumption reports for resident's with poor food and/or fluid intake and document in each resident's multidisciplinary notes. Registered staff are required to complete a referral form to dietary when food and/or fluid intake is poor for three consecutive days or the resident is showing signs of dehydration over 48 hours. This procedure was not followed as evidenced by:
 - There was no documentation in an identified resident's clinical record and no referral form initiated to dietary when the resident's fluid intake was less than 1000ml per day for eleven consecutive days from October 3-12, 2010. It is noted that the resident has a history and was previously hospitalized with dehydration.
2. Nursing staff at the home did not follow the procedure nutritional care and meal service related to communication policy LTC-H-10. This procedure requires registered nursing staff to complete a diet requisition form within 24 hours of a new diet order and send it to the food service department. The registered staff will also inform the Physician who will initial the order on his/her next visit. This procedure was not met as evidenced by:
 - An identified resident had a diet order written by the Dietitian on October 13, 2010 however; documentation in the resident's clinical record indicates that the requisition was not sent until November 5, 2010.
3. The food service manager at the home did not follow the procedure nutritional care and meal service related to admission assessments policy LTC-H-10. This procedure requires the food service manager to complete, sign and date the initial nutrition assessment (LTC-H-10-05) form within seven days of admission. This was not met as evidenced by:
 - The initial nutritional assessment form was not completed until the dietitian completed the form eleven days after an identified resident was admitted.

Inspector ID #:	165
------------------------	-----

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 for, ensuring that staff comply with the policies and procedures of the home, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s.51(2)(f)

Every licensee of a long-term care home shall ensure that, (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

Findings:

The home does not always have sufficient supplies of continence care products including briefs and mesh pants available and accessible to staff at all times in sufficient quantities for all required changes.

1. Five different nursing staff members working the day shift from all home areas of the home indicated they are only provided with one brief per shift for the resident and frequently have to go to another home area to try and borrow products. One staff member indicated when they run short of mesh pants and are unable to borrow from another home area, they will use briefs in its place resulting in a shortage of briefs for the residents who require them.
2. One identified resident had already soaked through their brief in the morning and required a new brief however; staff did not have a replacement brief available at the time required for the resident and the resident was only provided an insert. Staff reported that the resident currently has an open area.

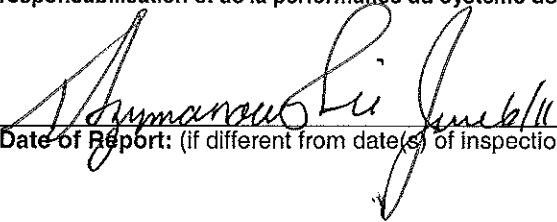
Inspector ID #: 165

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 with ensuring that there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Long Term Care Facilities Program Manual un-met criterion P1.27			Follow up March 26, 2008	165
NHA, R.S.O. 1990, Reg 832, Section 75(4) related to un-met criterion P1.4			Follow up March 26, 2008.	165



Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title:	Date:	 Date of Report: (if different from date(s) of inspection).	