



**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
prévus le Loi de 2007 les
foyers de soins de longue**

**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**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4^{ème} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 27, May 2, 3, 9, 11, 16, 17, 2012	2012_087128_0007	Complaint

Licensee/Titulaire de permis

RITZ LUTHERAN VILLA
R.R. 5, MITCHELL, ON, N0K-1N0

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

RITZ LUTHERAN VILLA
PART LOT 16, CON 2, LOGAN TWN, R.R. #5, MITCHELL, ON, N0K-1N0

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

RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nutrition Services Director, Nursing Staffing Clerk, Receptionist, 2 Registered Nurses, 1 Registered Practical Nurse, 10 Personal Support Workers, the Building Services Coordinator, 1 Programs Support Assistant, 1 Cook, and 2 Dietary Aides, 1 Housekeeping Aide and 1 Maintenance Worker.

During the course of the inspection, the inspector(s) observed morning and afternoon snack as well as lunch meal services, reviewed therapeutic diets/portion sizes, reviewed standardized recipes, toured the kitchen, reviewed two residents' clinical records, and made observations related to safety issues throughout the inspection.

Log # L-000439-12 and L-000469-12

The following Inspection Protocols were used during this inspection:

Food Quality

Hospitalization and Death

Nutrition and Hydration



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Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

2. Every resident has the right to be protected from abuse.

3. Every resident has the right not to be neglected by the licensee or staff.

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

5. Every resident has the right to live in a safe and clean environment.

6. Every resident has the right to exercise the rights of a citizen.

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

9. Every resident has the right to have his or her participation in decision-making respected.

10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. An identified resident was observed with his/her abdomen exposed while being provided treatment (insulin injection), by a Registered Practical Nurse, in the hallway, on May 2, 2012.

Staff interviews with a Registered Nurse and the Director of Care confirmed that this did not meet the home's expectation related to how residents were to be treated with respect and dignity.

[LTCHA, 2007, S.O. 2007, c.8, s.3(1)1.]

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 residents are treated with courtesy and respect and in a way that fully recognizes the residents' dignity, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. A maintenance cart containing a hammer, drill, saw and screw drivers was found unlocked and unattended in the 2nd floor hallway.

A maintenance worker and the Building Services Director acknowledged that the cart should not have been left unattended and that the expectation is that the cart is locked when unattended.

[LTCHA, 2007, S.O. 2007, c.8, s.5]

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 is a safe environment for its residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. On April 27, 2012, a housekeeping cart containing hazardous chemicals was observed unlocked and unattended. On May 2, 2012 a maintenance cart with hazardous chemicals sitting on an open shelf was found unattended. Housekeeping and maintenance staff, as well as the Director of Building Services, confirmed in interviews that the expectation was that hazardous chemicals were to be locked when unattended.

[O. Reg. 79/10, s.91]

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 hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs
Specifically failed to comply with the following subsections:**

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The 2nd floor Therapy Room was observed open and unattended with bottles of liquid medication and prescription cream sitting on a tray and the counter. Unlocked cupboards contained more prescription creams and large bottles of liquid medication.

It was noted that the key was attached to the door on a string and that the lock on the door was broken.

2. An unlocked and unattended treatment cart containing prescription creams and treatment supplies was observed outside the first floor nursing station.

An interview with a Registered Practical Nurse revealed that he/she believed that that the expectation was that medication carts had to be locked but treatment carts didn't have to be locked.

3. A staff interview with the Director of Care revealed that she was not aware that medications were stored in the Therapy Room and she acknowledged that they should have been locked. She was also not aware that the lock on the door was broken but was aware that the key was hanging on the door.

Additionally, she revealed that the home's expectation is that treatment carts are locked at all times when unattended.

[O. Reg. 79/10, s.129(1)(a)(i)and(ii)]

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 drugs/prescriptions are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies and that it is secure and locked, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(a) is a minimum of 21 days in duration;
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
(d) includes alternative beverage choices at meals and snacks;
(e) is approved by a registered dietitian who is a member of the staff of the home;
(f) is reviewed by the Residents' Council for the home; and
(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

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. It was noted that a number of residents were receiving "half portions" during the lunch meal on May 2, 2012. Upon further inquiry, it was revealed that 40 residents (47%) in the home receive half portion diets. A staff interview with the Nutrition Services Director revealed that this diet has not been evaluated to ensure nutritional adequacy and that the Registered Dietitian has not approved the menu.

[O. Reg. 79/10, s.71(1)e]

2. The planned menu was not offered to an identified resident at the lunch meal, on April 27, 2012. The resident was reported to be provided with "half portions" at this meal. None of the pureed texture food items served to him/her were served with the scoop sizes identified on the therapeutic menu. An interview with the Nutrition Services Director confirmed that the expectation is that the planned menu is followed at all times.

[O. Reg. 79/10, s.71(4)]

3. An identified resident was not offered an afternoon snack on April 27, 2012. A staff interview with a PSW revealed that if this resident eats a good lunch then staff do not offer an afternoon snack. An interview with the Director of Nutrition Services revealed that the expectation is that all residents are offered a snack unless contraindicated on their plan of care.

[O. Reg. 79/10, s.71(3)(c)]

4. An identified resident was not offered a between-meal beverage in the morning on April 27, 2012. The resident is at hydration risk related to low fluid intake over the last month. A staff interview with the Director of Nutrition Services revealed that the expectation is that all residents are provided between-meal beverages unless contraindicated on their plan of care.

[O. Reg. 79/10, s.71(3)(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 to ensure that a menu for residents on half portions diets is developed and approved by the Registered Dietitian who is a member of the staff of the home; and to ensure that between-meal beverages are offered to all residents and snacks are offered to residents mid-afternoon and evening; and that the planned menu items are offered at all meals and snacks, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services
Specifically failed to comply with the following subsections:**

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The following maintenance issues were observed in the kitchen:

- door and door frames have paint chipped off them,
- walls are scraped and paint chipped,
- cupboards have the laminate peeling off of them,
- the soup kettle stand and a metal wall cabinet in the dishroom are rusty,
- baseboard tiles are chipped around the soup kettle and at the entrance to the dishroom.

An interview with the Building Services Director confirmed that these maintenance issues needed to be addressed and did not meet the home's expectations.

[O. Reg. 79/10, s.90(1)(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 there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

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.

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.

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.

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. There is no evidence to support that the home has a policy related to ensuring that hazardous substances are kept inaccessible to residents.

An interview with Building Services Director confirmed that the home does not have a policy related to hazardous substances.

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

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 relevant policies are developed for each of the organized programs required in the LTCHA, to be implemented voluntarily.

WN #8: 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 subsections:

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. Personal support workers were observed providing afternoon snack to residents, including giving cookies to them using their fingers, without evidence of handwashing/hand hygiene after touching walkers, door knobs, coughing into their hands and touching residents.

A staff interview with the Director of Nutrition Services and Director of Care revealed that the expectation is that staff are expected to wash their hands/use hand hygiene between touching dirty and clean items.

[O. Reg. 79/10, s.229(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 all staff participate in the implementation of the infection control program, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. An identified resident was observed with his/her lunch in front of him/her but not eating on May 2, 2012. The resident was not provided any encouragement for a period of 15 minutes and then was provided with brief encouragement by a staff member passing by the table. The resident went another 10 minutes with no encouragement. The resident is at high nutritional risk related to significant weight loss of 13% x 3 months and poor intake of food. The plan of care indicates that this resident is to be provided extensive encouragement remaining with resident during meals related to refusal of meals.

The identified resident was also provided half portions at this meal. The diet order for this resident is Regular, Regular and not half portions.

Interviews with the Director of Care and Nutrition Services confirmed that the plan of care of care was not followed for this resident.

[LTCHA, 2007, S.O. 2007, c.8, s.6(7)]

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 care set out in the plan of care is provided to the the resident, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following subsections:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The minced veal and minced beets at the lunch meal, April 27, 2012 were observed to be an unsafe texture and potential choking risk. The minced veal pieces were observed to be as large as 5 cm x 2.5 cm and minced beets as large as 3 cm x 2cm.

The Director of Nutrition Services revealed that the expectation is that minced food is not larger than the size of a green pea and that this did not meet the home's expectations for a minced texture diet.

[LTCHA, 2007, S.O. 2007, c.8, s.11(2)]

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 residents are provided with food and fluids that are safe, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following subsections:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
 - (b) the identification of any risks related to nutrition care and dietary services and hydration;
 - (c) the implementation of interventions to mitigate and manage those risks;
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
 - (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).
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Findings/Faits saillants :

1. A clinical record review revealed that the food and fluid intake for an identified resident was not evaluated prior to hospitalization on April 5, 2012. The resident had an average intake of 529 mls/day for 6 days between March 16 and 21, 2012 and an average intake of 732mls/day for 9 days between March 26-April 3, 2012. Staff interviews with a Registered Nurse and the Director of Care confirmed that the expectation is that residents who consume less than 750mls/day are identified on the night shift and the charge nurse is then expected to communicate to the next shift so that fluids can be pushed and a low fluid alert requisition is sent to dietary. They stated that the Registered Dietitian is notified and expected to assess the resident.

[O. Reg. 79/10, s.68(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 a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration is implemented and followed, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The plan of care for an identified resident is not based on an interdisciplinary assessment of the resident's hydration status and any risks related to hydration despite two episodes of low fluid intake. The resident had an average fluid intake of 529 mls/day for 6 days between March 16 - March 21, 2012 and then an average fluid intake of 732mls/day for 9 days from March 26 - April 3, 2012, prior to hospitalization on April 5, 2012. The plan of care has not been updated to identify the hydration risk post hospitalization and return to the home.

[O. Reg. 79/10, s.26(3)14]

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 plans of care are based on an interdisciplinary assessment with respect to hydration status and any risks relating to hydration, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

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,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. An identified resident was observed falling while getting up from the dining room table on May 2, 2012. Staff queried what happened and asked him/her if his/her feet stuck to the floor. The resident stated that yes his/her feet stuck to the floor.

Prior to the witnessed fall, Inspector #128 queried the Nutrition Services Director related to the stickiness of the dining room floor. She stated Inspector #135 had already identified the sticky floor the day before.

No action was taken to rectify the sticky floor.

A staff interview with the Building Services Director, on May 3, 2012, confirmed that the home suspected that an employee had used the wrong chemical to clean the floor. He acknowledged that the expectation was that the floors were kept clean and not be hazardous to residents.

[O. Reg. 79/10, s.87(2)(a)(ii)]

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 cleaning of floors and that when risks are identified, action is taken to remedy the risk, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

s. 72. (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. During the lunch meal service on May 2, 2012, it was noted that the pork tenderloin portions looked somewhat dry. Three residents complained that the pork was dry when surveyed about their acceptance of the meal. A review of the standardized recipe revealed that it did not provide adequate guidance to ensure that the product was acceptable to residents. Additionally, the recipe was not standardized to ensure that each resident was provided with adequate grams of protein or portion size of meat as per the therapeutic menu. A staff interview with the Nutrition Services Director confirmed that the pork was overcooked/dry and that the standardized recipe did not take into account the shrinkage for the pork, thereby not providing adequate protein.

[O. Reg. 79/10, s.72(2)(c)]

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 standardized recipes are available to guide staff in effective food production and to ensure adequate nutrient content consistent with the therapeutic menu, to be implemented voluntarily.

**WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service
Specifically failed to comply with the following subsections:**

- 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:**
- 1. Communication of the seven-day and daily menus to residents.**
 - 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
 - 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
 - 4. Monitoring of all residents during meals.**
 - 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
 - 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
 - 7. Sufficient time for every resident to eat at his or her own pace.**
 - 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
 - 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.**
 - 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
 - 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The correct menu was not communicated to all residents at morning snack on April 27, 2012 on second floor. All PSW staff were not aware of the flavour of the unlabelled juice being served and smelled it to identify what the flavour was. A staff interview with the Director of Nutrition Services and Director of Care revealed that the expectation is that juices are labelled and that a menu is attached to the snack cart at all times. They also indicated that the expectation is that staff would have called the kitchen to identify that the juice was not labelled and the menu was not available.

[O. Reg. 79/10, s.73(1)1.]



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 prévue le Loi de 2007 les foyers de soins de longue

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:

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

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Row 1: LTCHA, 2007 S.O. 2007, c.8 s. 75., CO #002, 2012_095105_0021, 128

Issued on this 20th day of June, 2012

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

Ruth Hildebrand