



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

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Date(s) of inspection/Date de l'inspection October 14, 2010	Inspection No/ d'inspection 2010_107_9536_14Oct082444	Type of Inspection/Genre d'inspection Complaint – H-01713
Licensee/Titulaire The Regional Municipality of Halton 1151 Bronte Road, Oakville ON, L6M 3L1 905-825-8836 fax		
Long-Term Care Home/Foyer de soins de longue durée Allendale 185 Ontario Street South, Milton ON, L9T 2M4		
Name of Inspector(s)/Nom de l'inspecteur(s) Michelle Warrener - #107		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a complaint inspection related to meal service and food and fluid intake documentation.

During the course of the inspection, the inspector spoke with: Manager of Resident Care, Director of Resident Care, Resident Care Manager for the 2nd floor, Food Service Supervisor, Residents, and Nursing and Dietary staff on both floors.

During the course of the inspection, the inspector: Observed the breakfast meal service and the afternoon snack pass, reviewed resident records, food and fluid intake documentation, and reviewed Food Committee Meeting minutes.

The following Inspection Protocols were used during this inspection:

Dining Observation
Ad Hoc Notes

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

[3] 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.71(3)(c)
**71 (3)The licensee shall ensure that each resident is offered a minimum of,
(c) a snack in the afternoon and evening.**

Findings:

1. Not all residents were offered a snack in addition to a beverage at the afternoon snack pass October 14, 2010. The snack cart was not sent to residents in their rooms and only a beverage was offered. A resident at nutrition risk, requiring a pureed menu, did not have a pureed snack prepared and available and was therefore, only offered a beverage at the afternoon snack pass October 14, 2010. Documentation in the resident's food and fluid intake monitoring record indicates the resident is not consistently offered a snack in addition to a beverage at the afternoon snack pass (food was not recorded for the afternoon nourishment pass for October 2010.).

Inspector ID #: 107

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 each resident is offered a snack in the afternoon and evening, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.71(4)

71(4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.
Findings:

1. The planned snack menu was not available for residents at the afternoon snack pass October 14, 2010. The planned menu indicated watermelon for the regular texture menu, however, two bite brownies were offered. The pureed menu indicated applesauce was to be available for residents at the afternoon snack pass October 14, 2010. A pureed snack was not prepared and available for a resident requiring a pureed menu in one identified home area, resulting in a snack not being offered or available for the resident who is at nutrition risk.

Inspector ID #: 107

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 planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(b)

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, and is (b) complied with.
Findings:

The Licensee did not ensure that the Home's policy and procedure related to the documentation of food and fluid intake monitoring was followed by staff providing care to residents.

1. Numerous residents at nutrition risk, (at least 20 residents), had incomplete food and fluid intake records in multiple resident home areas.
2. Documentation on the food and fluid intake records (congregate sheets completed in the dining room) in one home area do not consistently include documentation of nutritional supplements provided during the meal (e.g. smoothies).
3. Documentation of resident food intake at snacks is not consistent with the policy for completing



documentation of the forms (e.g. 1 is recorded for food consumption, however, the home's policy requires the form to state Full, Half, Quarter, etc.). It is unclear how to evaluate the documentation recorded on resident records.

- 4. Documentation is not consistent between the congregate food and fluid intake sheets completed in the dining room and the information documented on individual food and fluid intake records, when the information should be the same.

Inspector ID #: 107

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 following the Home's policy for food and fluid intake documentation, to be implemented voluntarily.

Table with 2 columns: Signature of Licensee or Representative of Licensee, Signature of Health System Accountability and Performance Division representative. Includes handwritten signature 'H. Waveren' and date 'November 15, 2010'.