



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 prévue 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
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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
Sep 23, 27, 28, Oct 12, 19, 2011	2011_066107_0009	Complaint

Licensee/Titulaire de permis

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY
 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

THE BRANT CENTRE
 1182 NORTSHORE BLVD. EAST, BURLINGTON, ON, L7S-1C5

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

MICHELLE WARRENER (107)

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, Registered Dietitian, Food Service Supervisor, Director of Care, multiple residents, Registered Staff and front line nursing and dietary staff.

During the course of the inspection, the inspector(s) Observed food production systems and meal service, and reviewed relevant policies and procedures related to complaint H-001550-11.

The following Inspection Protocols were used during this inspection:

Food Quality

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN – Written Notification
 VPC – Voluntary Plan of Correction
 DR – Director Referral
 CO – Compliance Order
 WAO – Work and Activity Order

Legendé

WN – Avis écrit
 VPC – Plan de redressement volontaire
 DR – Aiguillage au directeur
 CO – Ordre de conformité
 WAO – Ordres : travaux et activités



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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 O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

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**
- (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

Findings/Faits saillants :

1. [O.Reg. 72(3)(a)]

Not all foods were prepared, stored and served using methods which preserve taste, nutritive value, appearance and food quality.

1. Not all recipes enable the preparation of foods that are flavourful, nutrient dense and of good quality. Recipes for many menu items do not contain appropriate sauces, condiments and/or flavouring. Some examples of recipes: parsley potatoes recipe does not include seasonings and contains only dried parsley and potatoes; cooked vegetables do not contain seasoning; recipes for pureed menu items call for the addition of water only which does not enhance flavour, nutritive value and food quality (e.g. pureed tuna sandwich had added water, pureed bread contains only bread and water, etc.). Residents interviewed identified concerns with the flavour and taste of lunch and supper meals prepared at the home. Staff interviewed state that residents often complain about the taste of the food and that the food has no flavour. The Food Service Manager confirmed that many of the pureed texture recipes (as written) did not enhance the nutrient density and flavour of the prepared items and encouraged the staff to alter the recipes. Clear direction to staff was not provided regarding what to add and quantities of items to add to the recipes to ensure a consistent product was prepared.

2. Not all recipes were consistent with the planned therapeutic extension menus and provide consistent direction to staff preparing meals. Some examples: The recipe for pureed deli meat sandwich directs staff to prepare the sandwich by pureeing the meat and bread together. The therapeutic extension menu directs staff to serve the pureed bread and pureed meat separately. Differences in the preparation and serving method will result in variations in flavour and nutritive value. The recipe for Mediterranean cod directs staff to use cod for the regular texture, haddock for the minced texture, and sole for the pureed texture. Only one type of fish was available and staff were using the same type of fish for all the textures. For the lunch meal September 23, 2011, the recipe directed staff to prepare a Waldorf salad, however, the production sheets were revised to direct staff to prepare a vegetable pasta salad. Direction to staff was not clear.

3. The recipe for fruit salad plate was altered to replace fresh fruit (cantaloupe and honeydew melon - 1 scoop of each) with canned fruit (1 scoop total), however, the portion size of the canned fruit was reduced by half of the fresh fruit. This change altered the nutritional value and quality of the meal.

4. Residents receiving the minced and pureed textured menu were not provided the same quality as residents receiving the regular textured menu at the lunch meal September 23, 2011. Residents receiving the regular textured menu were served fresh seasoned mushrooms and celery, however, residents receiving the minced and pureed texture received canned mushrooms (flavour was poor). At the lunch meal September 27, 2011, the pureed textured meal had gravy served on the braised cabbage, however, the regular textured menu did not have gravy served on the braised cabbage. The taste and appearance of the pureed menu was not the same as for the regular textured meal. At the lunch meal September 27, 2011, the server ran out of pureed cabbage. The item that was brought up to be served to residents was not the same quality as the original product. The server was told the item was pureed cabbage, however, the product had no flavour and had a very grainy texture that did not resemble pureed cabbage.

5. The pureed Tortiere was placed in the oven at 1000hrs for the 1230hrs meal service. The recipe states, "for optimal food safety and nutrient retention, texture modification should be done within one hour of service" and "hold hot for service at >140 degrees F/60 degrees C for a maximum of 2 hours".

At the lunch meal September 27, 2011, food was hot held for an extended period of time which can reduce the nutritive value and quality of the food. Texture modified foods were prepared at 1030 hrs for the 1230 lunch meal. Recipe directions provide the following directions, "for optimal food safety and nutrient retention, texture modification should be done within one hour of service".

6. At the lunch meal September 23, 2011, the chili was not served using methods that preserved appearance, nutritive value and food quality. The chili was served in a disposable container that was too small for the required portion size. A smaller portion was served. Several residents voiced concerns over the appearance and portioning method of the chili.

7. At the lunch meal September 27, 2011, residents receiving the pureed salad did not receive the same level of flavour, nutritive value and quality as the regular textured menu. The pureed salad was served to residents without salad dressing (salad dressing was not mixed in nor served separately).

8. At the lunch meal September 27, 2011, the Greek salad was not prepared in a manner that preserved food quality, appearance, taste and nutritive value. The Greek salad recipe called for romaine lettuce, tomato, green pepper, red onion, cucumbers, feta cheese and Greek salad dressing. The salad was prepared with iceberg lettuce mix (has some small amounts of shredded carrot and red cabbage), and black olives. Romaine lettuce, tomatoes, and cucumbers were available in the refrigerator, however, were not used in the preparation of the salad. The Cook did not check for availability of the ingredients for the preparation of the salad. Feta cheese, green peppers and red onion were not available. The Cook confirmed the items were not available. Greek salad dressing was also not available to offer residents in the dining room so the Greek salad was served with Ranch or French dressings. Several residents voiced complaints to the Inspector regarding the quality of the salad.

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 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; and prevent adulteration, contamination and food borne illness, to be implemented voluntarily.

WN #2: 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. [LTCHA, 2007, S.O. 2007, c.8, s. 6(7)]

The licensee did not ensure that the care set out in the plan of care for an identified resident was provided to the resident as specified in their plan.

The resident has a plan of care that directs staff to provide a special item at meals, however, the special item was not given to the resident at the breakfast meal September 23, 2011. The resident was provided an alternative item which they were not able to use to complete the meal. The resident sat at the table for a lengthy time period without drinking and staff did not assist them until the Inspector intervened. When questioned, the resident stated they were unable to use the item provided to them.

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 care set out in residents' plans of care is provided to the residents as specified in their plans, 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 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. [O.Reg. 79/10, s.73(1)6]

Not all foods were served at a temperature that was both safe and palatable at the lunch meal September 27, 2011. The turkey schnitzel patty (regular and minced textures) was recorded at 100 degrees Fahrenheit(F), braised cabbage 130 degrees F, Tortiere 120 degrees F and 58 degrees F for the pureed bread (contains milk). For safety and taste, hot foods should be stored and served above 140 degrees F and cold foods below 40 degrees F. Action was not taken to remedy the food temperatures until the inspector requested that action be taken.

Temperature monitoring records in one home area identified temperatures of cold foods that were too high at the supper meal September 19, 2011 and the lunch meal September 26, 2011.

September 26, 2011 - Cottage cheese was recorded at 58 degrees F and tomato basil salad recorded at 59 degrees F. No corrective action was identified.

September 19, 2011 - Sole Florentine was recorded at 130 degrees F. No corrective action was identified.

Food temperatures were not monitored at the breakfast and lunch meals September 20, 2011.

Food Committee Meeting minutes reflect that residents have identified that food served at meals is not hot enough.

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 home has a dining and snack service that includes food and fluids being served at a temperature that is both safe and palatable to the residents., to be implemented voluntarily.

Issued on this 19th day of October, 2011



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

U. Waneve