



**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**

**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
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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
Oct 5, 2015	2015_322156_0015	H-003214-15	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE HAMILTON
90 CHEDMAC DRIVE HAMILTON ON L9C 7S6

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

CAROL POLCZ (156)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 21, 22, 2015

This inspection is in relation to H-003214-15

During the course of the inspection, the inspector(s) spoke with Administrator, Registered Dietitian (RD), Dietary Manager, dietary staff, PSW staff, resident and family.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (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).**

Findings/Faits saillants :

The licensee failed to ensure that the nutrition care and hydration programs included the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration, in consultation with a dietitian who was a member of the staff.

The licensee did not have a policy or procedure to guide staff with nutritional care and dietary services and hydration. On September 21, 2015 the Dietary Manager confirmed that there was no policy or procedure related to the delivery and preparation of beverages to the residents for meals and at snack times.

1) The Dietary Manager reported that the residents were to receive 250 millilitres (ml) regular juice at breakfast. Diabetic residents were to receive regular juice but in a smaller portion of 125 ml as per the therapeutic menu. At the AM snack pass, residents were to receive regular juice and diabetic residents to receive diet juice. At lunch and dinner residents were to receive no juice unless requested. If requested they would receive 250 ml regular juice and diabetics were to receive 125 ml regular juice. At PM snack pass, all juice was to be diet juice; no regular juice was to be provided to any residents regardless of their diet order. Discussion was held with the RD and Dietary manager regarding the review of this practice as the use of only diet juices as PM snack

did not provide residents with a choice nor would it meet the nutritional requirements of resident requiring additional calories. At HS snack pass, residents were not to be offered juice and only coffee/tea, water and milk were to be available.

During the inspection, there was confusion among staff regarding the hydration for the residents and the above procedures. During the lunch observation on Concession Home Area on September 22, 2015, the staff reported that both of the juices on the beverage cart were regular orange juice but the Dietary Manager reported that one of the juices was supposed to be diabetic (contrary to the above procedure). During the PM snack pass on the same home area, the PSW staff reported that one of the grape juice containers was diabetic but was not sure which one as neither juice container was labelled. The Dietary Manager in attendance reported that both of the beverages were to be diet, however, that this procedure had changed with the new menu in the Spring but staff were not aware of or implement the changes. The Dietary Manager confirmed that it was unclear that the beverages were both diet and that they should be labelled. The Dietary Manager reported that there was no therapeutic menu for snack times and that staff were to follow the "Snack delivery report" to guide them with what to give to the residents during snack pass. The Dietary Manager confirmed that for PM snack, all residents on the delivery report were listed to receive "lo cal drink"; however, since staff were not aware of which juice was diet or lo cal, it was not clear if either juice was to be provided.

2) The Dietary Manager confirmed that the home did not have a policy or procedure to guide staff with thickened fluids. The home was using a commercial thickening product and a recipe guide was located on the beverage cart. The Dietary Manager reported that the home used 125 ml cups, 180 ml mugs and 250 ml cups for the beverages. The recipe guide did not include any instructions for thickening beverages in a 180 ml cup. The recipe also did not include any direction for thickening soups. The Dietary Manager confirmed that the instructions were not clear and that staff would not have consistent instructions for the soups or 180 ml beverage mugs. The Dietary Manager reported that the dietary staff prepared the cold beverage and the PSW staff thickened the hot beverages; however, there was no policy to direct staff with regard to the preparation or delivery of thickened beverages.

The licensee failed to ensure that the nutrition care and hydration programs included the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration. [s. 68. (2) (a)]



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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 the nutrition care and hydration programs included the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration, in consultation with a dietitian who is a member of the staff, to be implemented voluntarily.

Issued on this 16th day of November, 2015

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

Original report signed by the inspector.