



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus 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**

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

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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

| | | |
|---|---|---|
| Date(s) of inspection/ Date de l'inspection December 10, 13, 14, 15, 2010 | Inspection No/ d'inspection 2010_162_9562_10Dec104710 | Type of Inspection/Genre d'inspection Complaint H-02180 |
|---|---|---|

Licensee/Titulaire
The Regional Municipality Of Peel
10 Peel Centre Drive,
Brampton, ON, L6T 4B9

Long-Term Care Home/Foyer de soins de longue durée
Peel Manor
525 Main Street North
Brampton, ON, L6X 1N9

Name of Inspector
Tiina Tralman

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: Director of Care, RN Supervisor, RAI Co-ordinator, Dietary Services Supervisor, Registered Dietitian, Dietary Aides, Nursing staff and PSWs.

During the course of the inspection, the inspector:
Reviewed health care records, reviewed menus, observed meal service, observed staff in routine duties.

The following Inspection Protocols used during this inspection:
Nutrition and Hydration
Dining Observation

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.

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-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.)

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. 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.

Findings:

1. An observed meal served to an identified resident consisted of smaller servings than the planned menu. The meal was not adequate in quantity and nutritious as it lacked the planned menu for protein and vegetable servings.

Identified residents were served smaller portions contrary to the planned servings at an observed meal. The dietary aide on duty confirmed that the planned portions according to the planned menu were not consulted for identified textures.
2. An identified resident was not provided the required beverage servings at an observed meal according to the planned menu and plan of care.
3. An identified resident was not provided beverages at the required consistency at an observed meal according to the plan of care.
4. Staff serving an observed meal did not provide grains according to the home's menu to an identified resident. This is not in keeping with the planned menu and compromises the nutritional value of the meal.

Inspector ID #: 162

Additional Required Action:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied, 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. An identified resident was not provided beverages at the required servings and at the required consistency of beverages at observed meals.

Additional Required Action:
VPC - pursuant to the *Long-Term Care Homes Act, 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 the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN # 3: The Licensee has failed to comply with O. Reg. 79/10, s. 71(3)(c)
The licensee shall ensure that each resident is offered a minimum of, **(c) a snack in the afternoon and evening.**

Findings:
1. An identified resident was not offered snacks on observed days according to the planned snack menu.
2. Texture modified snacks were not offered and available according to the planned menu to residents in an identified unit on observed days.

Inspector ID #: 162

Additional Required Action:
VPC - pursuant to the *Long-Term Care Homes Act, 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 minimum of a snack in the afternoon and evening, to be implanted voluntarily.

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.
Jiina Helmer

Title: **Date:**

Date of Report: (if different from date(s) of inspection).
January 12, 2011