

Ministry of Long-Term Care  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date: May 1, 2023</b>	
<b>Inspection Number:</b> 2023-1089-0002	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Revera Long Term Care Inc.	
<b>Long Term Care Home and City:</b> Sumac Lodge, Sarnia	
<b>Lead Inspector</b> Debra Churcher (670)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Terri Daly (115) Julie DAlessandro (739)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): April 24, 25, 26, 27, 2023

The following intake(s) were inspected:

- Intake: #00086128 - Proactive Compliance Inspection

The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents’ and Family Councils
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement

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Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

#### NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to ensure 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.

#### Rationale and Summary:

Review of the Temperature Report showed that meal temperatures were not taken as required.

Review of the homes policy titled LTC - Food Temperature Checklist last reviewed March 1, 2022, stated "Temperatures are taken at the end of the cooking process and recorded under cooking temperature on the Cook's Meal Production Daily Temperature Record/ in Menu Software System."

The Food Service Supervisor (FSS) stated that the expectation in the home was that the food temperatures were to be done during cooking and when holding for both hot and cold foods at all meals. The FSS acknowledged that the temperatures were not done at all meals.

#### Sources:

Review of the temperature reports, the home's policy and interview with the FSS.

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## WRITTEN NOTIFICATION: Quality

### NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (6) (a)

The licensee has failed to ensure that the interim report prepared under subsection (5) was published on the home's website, subject to section 271.

#### Rationale and Summary:

Review of the home's interim quality improvement (QI) plan related to the home's satisfaction survey showed that the home identified an area requiring improvement from the resident satisfaction survey was residents wanting to speak with the Physician more often with an action plan to have the Physician walk through and speak to four to five residents that were not scheduled for rounds. Additionally, the QI plan related to the family satisfaction survey showed that the home identified an area requiring improvement was pleasurable dining with an action plan to play calming music in the dining room, lower staff conversations and live music once a month.

Review of the home's website showed a Quality Improvement Plan which included the following statement: "The key metric requiring improvement was "Mealtimes are an Enjoyable Experience". The quality improvement action plan will be to provide further education to staff on Person Centered care/ listening skills and a review of customer service training."

The Administrator acknowledged that the website did not include accurate information about the home's interim QI plan.

#### Sources:

The home's QI program and website and interview with the Administrator.

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