



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

**Rapport d'inspection
prevue 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**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection August 17, 18, 2010	Inspection No/ d'inspection 2010_171_2930_16AUG163854	Type of Inspection/Genre d'inspection Follow-up
Licensee/Titulaire The Thomas Health Care Corporation 490 Highway #8, Stoney Creek, ON L8G 1G6 Fax: 905-560-4340		
Long-Term Care Home/Foyer de soins de longue durée Arbour Creek Long-Term Care Centre 2717 King St. East, Hamilton, ON L8G 1J3 Fax : 905-560-2911		
Name of Inspector(s)/Nom de l'inspecteur(s) Elisa Wilson, LTC Homes Inspector, Dietary #171		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a follow-up inspection in respect of previously identified unmet standards and criteria from the Long Term Care Homes Program Manual that applied when the home was governed by the Nursing Homes Act:

Dietary Referral conducted July 15, 16, 17, 22, 23, 2008.

- B3.23
- B3.24
- P1.14
- P1.22

During the course of the inspection, the inspector spoke with: the administrator, acting director of care, foodservices manager, cooks, dietary aides, and registered staff.

During the course of the inspection, the inspector: observed lunch and dinner service on August 17, 2010 and lunch service on August 18, 2010 in three different dining rooms. Charts were reviewed both in hard copy and in Point Click Care on each of four units. Policies on taking resident weights and hand hygiene were requested and reviewed.

The following Inspection Protocols were used during this inspection:

Food Quality
Dining Observation
Nutrition and Hydration

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

7 WN
5 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

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'exigences prévue le paragraph 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 LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(c).

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. The plan of care for Resident #1 does not provide clear direction. The care plan indicates the resident will eat breakfast and lunch in one dining room and dinner in another dining room. At the observed dinner on August 18, 2010 it was noted this resident was not in the dining room as per the care plan and was not included on the seating plan or diet sheet for that dining room.
2. The plan of care does not set out clear direction for Resident #2. The physician's diet order indicates a regular/pureed texture, nectar thick fluids and high fibre diet. The summary care plan and the diet order sheet do not include interventions for a high fibre diet.
3. The care plan summary for Resident #3 has not been updated since return from hospital in July, 2010 on the computer system or in the care plan binder. The summary indicates a requirement for a minced texture diet however new orders on readmission indicate a pureed diet is required.

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WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b)

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. Resident #3 returned from the hospital in July, 2010. There is a reassessment for a significant change in status started, however the nutrition section is incomplete. The diet order was changed to pureed texture from minced and a physician's note for a dietitian consult was in the chart at the time of his readmission. There are no dietary assessments documented since this resident's return from hospital.

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WN #3: 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. The spreadsheets developed by food services to guide staff in providing appropriate diet, special needs, assistive devices, and likes/dislikes for the residents are not being followed in all instances
 - Lunch on August 17, 2010 – a resident was served regular soup, however the diet sheet

- indicated a requirement for pureed soup
- Dinner on August 17, 2010 – a resident was served a regular slice of ham, however the diet sheet indicated a requirement for minced meat. Another resident did not receive a lip plate as indicated on the diet sheet and received orange juice in place of cranberry juice.
 - Lunch on August 18, 2010 – two residents did not receive lip plates as indicated on the diet lists.

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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 with s. 6(7) in respect to ensuring the residents receive the appropriate menu items according to their plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 229(9).

The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents.

Findings:

1. Dinner service on 2nd floor August 17, 2010 and lunch service on 1st floor August 18, 2010 were observed. It was noted that some staff would remove plates and utensils from residents who had finished their meal and scrape them into the garbage. The staff would then go directly to the steam table to pick up a fresh plate of food and deliver it to a resident without washing their hands between these tasks. There was not a hand sanitizer available to the staff in the area between the dirty cart and the steam table.

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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 with s. 229(9) in respect to ensuring point of care hand hygiene agents are accessible to staff working in the dining room, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 69.1 and .2

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: 1. A change of 5 per cent of body weight, or more, over one month. 2. A change of 7.5 per cent of body weight, or more, over three months.

Findings:

1. The weight history for Resident #2 indicates a 6% increase in weight from July to August, 2010. There are no assessment notes, actions or outcomes regarding this documented change.
2. The weight history for Resident #3 indicates a 12% weight loss between May 2010 and August 2010. There has not been an assessment of this weight loss in either MDS or in the progress notes. The registered dietitian has not been consulted on this resident.

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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 with s. 69.1 and 69.2 in respect to identifying and assessing residents with a significant weight loss or gain, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O. Reg. 79/10, s. 72(2)(c)

The food production system must, at a minimum, provide for, standardized recipes and production sheets for all menus

Findings:

1. Standardized recipes and production sheets are being used by the food services department, however a number of discrepancies were found between the menu, production sheet and recipes on Tuesday, Wednesday and Thursday of Week 3. Some examples include:
 - **Tuesday lunch**
 - pureed tea biscuit and chocolate pudding - no standardized production sheet item to match menu
 - pureed deli salad plate - no standardized recipe in recipe binder
 - **Tuesday dinner**
 - caramala cake - no production sheet or recipe available to match menu
 - **Wednesday dinner**
 - pureed butter tart - no standardized production sheet item to match menu
 - **Thursday dinner**
 - pureed bananas - recipe for pureed bananas to make on-site, however this product is purchased
 - peas - no standardized production sheet item to match menu

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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 with s. 72(2)(c) in regards to ensuring the menu, production sheets and recipes match each day of the menu cycle, to be implemented

voluntarily.

WN #7: The Licensee has failed to comply with O. Reg. 79/10, s. 8(1)(b).

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, is complied with.

Findings:

1. The Home has a policy "Weighing Resident Clients" which describes the process of the residents being weighed on the first bath day of the month, the weight recorded immediately on the weight list in the tub room and then entered by the registered staff (night shift) into the computer. The Home is not consistently following the policy as it relates to entering the information into the computer. Two residents did not have July 2010 or August 2010 weights documented in the computer. There were at least 29 other resident's weights not documented in the computer for August 2010.

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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 with s. 8(1)(b) in regards to ensuring the resident's weights are entered into Point Click Care as per Home policy, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respectés à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.22				171

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.	
			
Title:	Date:	Date of Report (if different from date(s) of inspection). 14 Sept 2010	