



**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

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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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☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection August 24, 31, 2010	Inspection No/ d'inspection 2010_169_1023_24Aug143454 2010_107_1023_31Aug100651	Type of Inspection/Genre d'inspection Complaint H-00777	
Licensee/Titulaire Brantwood Manor Nursing Homes Limited c/o Ernst and Young Inc. - 222 Bay Street TD Centre, P.O. Box 251 Toronto M5K 1J7 FAX 416 864 1174			
Long-Term Care Home/Foyer de soins de longue durée Brantwood Lifecare Centre 802 Hagar Avenue Burlington ON L8S1X2			
Name of Inspector(s)/Nom de l'inspecteur(s) Michelle Warrener - #107 Yvonne Walton - #169			
Inspection Summary/Sommaire d'inspection			

The purpose of this inspection was to conduct a complaint inspection related to resident care.

During the course of the inspection, the inspector spoke with: The Business Co-ordinator, Administrator, Dietary Manager, Director of Care, nursing staff and residents.

During the course of the inspection, the inspectors: reviewed a resident's health record, observed meal service, spoke with residents, staff, visited the home area and resident room and observed the dining room during lunch.

The following Inspection Protocols were used during this inspection: Personal Support Services, Continence Care and Bowel Management, Pain Management, Recreation and Social Activities, Sufficient Staffing Protocols and Nutrition/Hydration

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

[5] WN

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'exigence prévue le paragraphe 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 The Long-Term Care Homes Program Manual Standards and Criteria.

Criterion B1.6 Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities.

Findings:

1. An identified resident was not reassessed by the Registered Dietitian in April when there was a significant decrease in food and fluid intake. The resident had significant weight loss in May and further unintended weight loss in June and July, 2010. A referral to the Registered Dietitian did not occur until significant weight loss had occurred in May, however, poor nutritional intake was identified

starting in March, 2010 (as per food and fluid intake documentation records). The resident ate poorly (1/4 or less of meal for one or more meals per day) on 74 percent of days for the month of April. The resident consumed less fluids than their calculated requirements on 67 percent of days for the month of April, and 63 percent of days for the month of May, however, this was not assessed by the Registered Dietitian until the quarterly review in June, 2010.

2. The Registered Dietitian did not assess the prescribed supplements ordered at two June, 2010 nutritional reviews for an identified resident. A nutritional supplement was implemented by the Registered Dietitian, however, the quantity of the supplement was not assessed in relation to the resident's requirements (e.g energy, protein, fluid) and current consumption of meals and snacks. The Registered Dietitian increased the resident's nutritional supplement on family request, however, the supplement was not assessed in relation to the resident's requirements and nutritional intake. The resident had significant weight loss in May and further unintended weight loss in June and July.

WN #2: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria.

Criterion B3.25 The food and fluid intake of each resident who is identified at nutritional risk shall be monitored and steps shall be taken to address problems.

Findings:

1. An identified resident at nutrition risk did not have their food and fluid intake monitored for the month of June, 2010.

WN #3: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria.

Criterion B3.24 Each resident's height shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently at least monthly. Changes in weight shall be evaluated and action shall be taken as required.

Findings:

1. An identified resident had a significant weight loss of 5% identified in May, 2010, without action taken until the scheduled quarterly review in June, 2010. A referral to the Registered Dietitian occurred (12 days after the documented weight loss), however, a nutritional assessment by the Registered Dietitian did not occur until the scheduled quarterly review. Poor nutritional intake was identified starting in March, 2010.

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s. 69.3

69 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:

3. A change of 10 per cent of body weight, or more, over 6 months.

Findings:

1. An identified resident did not have an interdisciplinary assessment (including the Registered Dietitian) after significant weight loss in July, 2010. A 10% weight loss over three months (April to July) was recorded in July, 2010 and was referred to the Registered Dietitian in July, 2010. The referral has not been completed to date (August 31, 2010). The nutritional interventions (nutritional supplement) implemented in June, 2010, were not evaluated for effectiveness. The resident continued to have unintended weight loss in July, without revision to the plan of care by the Registered Dietitian. The

resident fell below their goal weight range in June after significant weight loss in May.

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 51(2)(a)

51(2) Every licensee of a long-term care home shall ensure that,

(a) Each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence

Findings:

1. An identified resident was noted to be currently incontinent of urine during the day. The 2 Personal Support Workers (PSW) who were interviewed by the inspector verified they change the resident's brief during care throughout the day as he is incontinent. Observation of the resident indicated the resident wears a brief. The resident was not assessed as being incontinent on the Resident Assessment Instrument Minimum Data Set (RAI MDS).

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).

M. Warner / J. Weston
Oct 21 / 10