



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

**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

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection February 8-9, 2011	Inspection No/ d'inspection 2011_171_2301_08Feb134836	Type of Inspection/Genre d'inspection L-00130 – Dietary Follow-up from Aug 2010 (2010_135_2301_17Aug162321)
Licensee/Titulaire 1230839 Ontario Limited, 708 Wellington St. Wallaceburg, Ont. N8A 2Y6		
Long-Term Care Home/Foyer de soins de longue durée Brouillette Manor, 11900 Brouillette Court, Tecumseh, Ontario N8N 4X8		
Name of Inspector(s)/Nom de l'inspecteur(s) Elisa Wilson, LTC Homes Inspector (#171)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a follow-up from a dietary follow-up inspection conducted in August 2010.

During the course of the inspection, the inspector spoke with: the administrator, foodservices manager, dietitian, registered staff, health care aides, cook, dietary aide, and residents.

The inspector observed afternoon snack delivery and dinner meal service on February 8, 2011 and breakfast and lunch meal service on February 9, 2011. The inspector reviewed the plans of care for three residents, reviewed fluid intake sheets and policies on hydration and bowel management.

The following Inspection Protocols were used during this inspection:

Dining Observation
Snack Observation
Nutrition and Hydration

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

6 WN
1 VPC
3 CO

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

LTCHA, 2007, S.O. 2007, c.8, s.6(11)(b) was not assessed during this inspection and remains in 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'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 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, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. Clear direction is not provided to staff regarding Resident #1's requirement for an adaptive beverage cup. The binder in the servery indicates a special cup is required, however the plan of care interventions do not include the use of this cup.
2. Clear direction is not provided for the fluid consistency required for Resident #2. The plan of care interventions do not indicate a fluid consistency. The Diet Type Report indicates a specific fluid consistency should be used prn. There is no direction as to when thickened fluids may be needed for this resident.
3. The plan of care does not provide clear direction to staff regarding the diet order for Resident #3. The doctor's order in the computer and the Diet Type sheet indicate a regular texture diet is required. The handwritten doctor's order, the binder in the servery and the nutrition section of the plan of care summary indicate a minced diet is required.

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 clear direction is provided to staff in the written plan of care, 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. The plan of care for Resident #4 indicates an adaptive cup is required for beverages, however this was not provided at breakfast meal service on February 9, 2011.
2. The plan of care for Resident #2 indicates a dietitian referral is required if fluid intake falls below 750 mL/day for 3 consecutive days. However, in January 2011 the Fluid Intake sheets indicate less than 750 mL was taken from January 2-6 and no dietitian referral was initiated. This resident is considered at high nutrition and hydration risk as per the dietitian's previous assessment.
3. The plan of care for Resident #5 indicates a registered dietitian referral is required if fluid intake falls below 750mL/day for 3 consecutive days. However, in January 2011 the fluid intake sheets indicate less than 750 mL of fluid was consumed from January 19-21 and January 28-30. A dietitian referral was not initiated in either case. This resident is considered at high nutrition and hydration risk as per the dietitian's previous assessment.
4. The plan of care for Resident #3 indicates in a number of areas that constant supervision, encouragement and redirection is required at meal times, however this assistance was not provided at the breakfast or lunch service on February 9, 2011. The resident left the room in each case having only eaten a few bites of food and sips of beverages with no redirection or encouragement provided. The plan of care indicates double desserts should be offered at lunch and dinner, however only one dessert was offered at lunch service on February 9, 2011. This resident is considered at high nutrition and hydration risk as per the registered dietitian's assessment.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #3: 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,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

1. A progress note regarding a change to thickened fluids prn for Resident #2 was documented on December 2, 2010. There is no documented assessment regarding the initiation of thickened fluids or whether the change was implemented or effective. The interventions for nutrition and hydration in the plan of care have not been updated to reflect this change.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.71(4). The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Findings:

1. At dinner service on February 8, 2011 and lunch service on February 9, 2011 not all residents were offered a choice. Residents at ten tables were shown sample plates of the main entrée and desserts from which they could choose. Residents at four tables were not shown sample plates or given a choice of entrée.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s. 73(1)5. Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

Findings:

1. There is not a process in place to ensure staff who are delivering and assisting with snacks are aware of resident's special needs for eating aides and assistive devices. Residents who required adaptive beverages cups were not provided with these cups for the afternoon snack delivery on February 8, 2011.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s.73(1)9. Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

1. The plan of care for Resident #3 indicates in a number of areas that constant supervision, encouragement and redirection at meal times is required, however this assistance was not provided at the breakfast or lunch service on February 9, 2011. The resident left the room in each case having only eaten a few bites of food and sips of beverages with no redirection or encouragement provided. This resident is considered at high nutrition and hydration risk as per the registered dietitian's assessment.
2. Residents who require special adaptive cups as per their plans of care were not provided with these cups at the afternoon snack delivery on February 8, 2011.
3. Resident #4 did not have an adaptive cup for beverages at breakfast and Resident #6's lunch meal was not served on a lip plate as per the plans of care on February 9, 2011. These residents are both assessed as being at high nutrition risk.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.73(1)10.	VPC	7	2010_135_2301_17Aug162321	135
O.Reg/ 79/10, s.73(1)6.	VPC	9	2010_135_2301_17Aug162321	135

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).	
		Feb 24, 2011	

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**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

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Name of Inspector:	Elisa Wilson	Inspector ID # 171
Log #:	L-00130	
Inspection Report #:	2011_171_2301_08Feb134836	
Type of Inspection:	Follow-up	
Date of Inspection:	February 8-9, 2011	
Licensee:	1230839 Ontario Limited, 708 Wellington St. Wallaceburg, Ont. N8A 2Y6	
LTC Home:	Brouillette Manor, 11900 Brouillette Court, Tecumseh, Ontario N8N 4X8	
Name of Administrator:	Nancy Comiskey	

To 1230839 Ontario Limited, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: 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.			
Order: The licensee is required to prepare, submit and implement a plan for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. This plan is to be submitted to Inspector Elisa Wilson at elisa.wilson@ontario.ca in the London Service Area Office by March 4, 2011.			
Grounds: 1. The plan of care for a resident indicates in a number of areas a requirement for constant supervision, encouragement and redirection at meal times, however this assistance was not provided at the breakfast or lunch service on February 9, 2011.			

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**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

2. The plan of care for a resident indicates an adaptive cup is required for beverages, however this was not provided at breakfast meal service on February 9, 2011.
3. The plans of care for two residents indicate a dietitian referral is required if fluid intake falls below 750 mL/day for 3 consecutive days. However, in January 2011 the Fluid Intake sheets indicate less than 750 mL was taken with no subsequent dietitian referral initiated for these two residents.

This order must be complied with by: March 11, 2011**Order #:** 002 **Order Type:** Compliance Order, Section 153 (1)(b)**Pursuant to:** O.Reg. 79/10, s.71(4). The licensee shall ensure that the planned menu items are offered and available at each meal and snack.**Order:**

The licensee is required to prepare, submit and implement a plan for achieving compliance to ensure that the planned menu items are offered to all residents at each meal and snack. This plan is to be submitted to Inspector Elisa Wilson at elisa.wilson@ontario.ca in the London Service Area Office by March 4, 2011.

Grounds:

1. At dinner service on February 8, 2011 and lunch service on February 9, 2011 not all residents were offered a choice. Residents at ten tables were shown sample plates of the main entrée and desserts from which they could choose. Residents at four tables were not shown sample plates or given a choice of entrée.

This order must be complied with by: March 11, 2011**Order #:** 003 **Order Type:** Compliance Order, Section 153 (1)(b)**Pursuant to:** O.Reg. 79/10, s. 73(1)9. Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible

Order:

The licensee is required to prepare, submit and implement a plan for achieving compliance to ensure that residents are provided with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably as possible. This plan is to be submitted to Inspector Elisa Wilson at elisa.wilson@ontario.ca in the London Service Area Office by March 4, 2011.

Grounds:

1. The plan of care for a resident indicates in a number of areas that she requires constant supervision, encouragement and redirection at meal times, however this assistance was not provided at the breakfast or lunch service on February 9, 2011. This resident is considered at high nutrition and hydration risk as per the registered dietitian's assessment.
2. Residents who require special adaptive cups as per their plans of care were not provided with these cups at the afternoon snack delivery on February 8, 2011.
3. One resident did not have an adaptive cup for beverages at breakfast and another resident's lunch meal was not served on a lip plate as per the plans of care on February 9, 2011. These residents are both assessed as being at high nutrition risk.

This order must be complied with by: March 11, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 24th day of February, 2011.

Signature of Inspector:

Name of Inspector:

Elisa Wilson

Service Area Office:

London Service Area Office