



**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**

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		☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 15 and 16, 2010	Inspection No/ d'inspection 2010_148_2787_14Sept100956	Type of Inspection/Genre d'inspection Log#0-000613 Complaint IL-14061-OT
Licensee/Titulaire Crown Ridge Health Care Service Inc., 106 Crown Street, Trenton, ON, K8V 6R3 Telephone 613_392_1289 Ext 121 Fax 613_392_6360		
Long-Term Care Home/Foyer de soins de longue durée Crown Ridge Place, 106 Crown Street, Trenton, ON, K8V 6R3 Telephone 613_392_1289 Fax 613_392_6939		
Name of Inspector(s)/Nom de l'inspecteur(s) Amanda Nixon (ID#148) and Delores Mac Donald (ID#136)		
The purpose of this inspection was to conduct a complaint inspection related to the nutrition and hydration care of an identified resident During the course of the inspection, the inspectors spoke with the Administrator, Director of Care, Nutrition Manager, Registered Dietitian, nursing staff, activity staff, food service staff working on the North B and the Ridgeway units September 15 and 16, 2010 along with other residents' family members who were visiting in the home. During the course of the inspection, the inspectors reviewed the health records of the identified resident. Lunch was observed in the main dining room and the restorative care dining room on September 15th, supper was observed on September 15th in the main dining room and breakfast September 16th in the main dining room. The health records of two other residents were reviewed related to the need for feeding assistance. The following Inspection Protocol was used in part during this inspection: Nutrition and Hydration Findings of Non-Compliance were found during this inspection. The following action was taken: 2 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 O. Reg. 79/10, s. 26

(3) A plan of care must be based on, at a minimum , interdisciplinary assessment of the following with respect to the resident:

14. Hydration status and any risk relating to hydration.

Findings:

1. Minimum Data Set (MDS) assessment completed April 2010 indicated that the identified resident was at risk for dehydration due to use of diuretics.
2. The resident required extensive assistance with feeding and was receiving thickened fluids.
3. Hospital discharge summary indicates that the resident was dehydrated on admission to hospital .
4. The plan of care for the resident did not reflect the resident's risks related for dehydration.

Inspector ID #: 148 and 136

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.73

(2)The licensee shall ensure that ,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the residents.

Findings:

1. The plan of care for the resident indicates that he/she requires total feeding assistance. The resident was not able to feed self at the breakfast on September 16, 2010, assistance was not provided at the time the breakfast meal was served.

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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.
		<i>Delores MacDonald</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection).
		<i>January 10, 2011</i>