

Health System Accountability and Performance
Division

Performance Improvement and Compliance Branch

Division de la responsabilisation et de la
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Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jun 28, Jul 3, 4, 2012	2012_139163_0021	Complaint

Licensee/Titulaire de permis

FINLANDIA NURSING HOME LIMITED

c/o Sudbury Finnish Rest Home, 233 Fourth Avenue, SUDBURY, ON, P3B-4C3

Long-Term Care Home/Foyer de soins de longue durée

FINLANDIA HOIVAKOTI NURSING HOME LIMITED

233 FOURTH AVENUE, SUDBURY, ON, P3B-4C3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

DIANA STENLUND (163)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, nutrition manager (NM), dietary aides, registered nursing staff, personal support workers (PSWs) and residents.

During the course of the inspection, the inspector(s) walked through resident home areas, reviewed the menu cycle, observed lunch and dinner in different home areas and assessed food palatability and temperature during meal service.

The following Inspection Protocols were used during this inspection:

Food Quality

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
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 non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

- s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,**
- (a) is a minimum of 21 days in duration;**
 - (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;**
 - (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;**
 - (d) includes alternative beverage choices at meals and snacks;**
 - (e) is approved by a registered dietitian who is a member of the staff of the home;**
 - (f) is reviewed by the Residents' Council for the home; and**
 - (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).**

Findings/Faits saillants :

1. The licensee has not ensured that the home's menu cycle is approved by a registered dietitian who is a member of the staff of the home.

Inspector interviewed staff member S-002 on June 28, 2012 about the menu being approved by a registered dietitian (RD). S-002 was unable to provide proof that the current menu has been approved by the home's RD. [O.Reg.79/10,s.71 (1)(e)]

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

Specifically failed to comply with the following subsections:

s. 73. (1) 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:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
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.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has not ensured that the home communicates the seven-day and daily menus to residents. Inspector interviewed staff member S-002 on June 28, 2012 who reported that the daily and seven-day menus are communicated to the residents by being posted in the shadowboxes in each dining area. The inspector observed lunch meal service on Thursday June 28, 2012 in Kuusi dining room. Inspector interviewed staff member S-003 who reported that the meals prepared and served on this day follow the menu of Thursday week 1. Inspector observed in the Kuusi dining room that the shadowbox contained the menu for week 4 and the daily menu for Wednesday week 1. Staff member S-003 confirmed that the menus communicated to residents in the shadowbox are not the correct seven-day or daily menus. [O.Reg.79/10,s.73(1)]

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 the communication of the seven-day and daily menus to residents, to be implemented voluntarily.

Issued on this 4th day of July, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Diana Steinhilber, #1163