



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Health System Accountability and Performance
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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
May 24, 25, 26, 27, 30, Jun 2, 10, 12, 14, 15, 29, Jul 25, 26, 2011	2011_066107_0002	Follow up
Licensee/Titulaire de permis		
GRACE VILLA LIMITED 284 CENTRAL AVENUE, LONDON, ON, N6B-2C8		
Long-Term Care Home/Foyer de soins de longue durée		
GRACE VILLA NURSING HOME 45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
MICHELLE WARRENER (107)		

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with Residents on all three floors, the Administrator, Director of Care, Food Service Managers, Maintenance Manager, and nursing and dietary staff on all three floors.

During the course of the inspection, the inspector(s) Reviewed food production systems and observed meal preparation, observed meal service in dining areas and for residents receiving meals in their rooms, reviewed resident clinical health records, and reviewed relevant policies and procedures.

The purpose of this inspection was to conduct a follow up inspection to orders issued September 7, 2010. Additional areas of non-compliance were identified during this follow up inspection and are included as part of this report.

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observation

Food Quality

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions	Définitions
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration
Specifically failed to comply with the following subsections:

- s. 11. (1) Every licensee of a long-term care home shall ensure that there is,**
(a) an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents; and
(b) an organized program of hydration for the home to meet the hydration needs of residents. 2007, c. 8, s. 11. (1).

Findings/Faits sayants :

1. An organized program of nutrition care and dietary services for the home was not in place at the breakfast meal May 25, 2011, to meet the daily nutrition needs of the residents of the home. The breakfast meal began 20 minutes late and the last person to receive their cereal was served 35 minutes after the posted meal time of 8:30am. At 8:35 a.m (5 minutes after the posted start time of the meal) more than 23 residents were sitting in the lounge waiting to be taken into the dining room for the breakfast meal - the residents had been sitting outside the dining room in the lounge prior to 7:50a.m when the Inspector arrived. At 8:07a.m a resident was calling out that they were hungry. Staff offered the resident a glass of water. An identified resident received their short acting insulin at 8:15 a.m, however, was not served their cereal for more than 40 minutes. The last person to receive their breakfast entree received it at 9:45 a.m (1 hour 15 mins after the posted start of the breakfast meal). Several residents left the dining room prior to the entree being served. Two residents, who left the dining room prior to the entree being served, were interviewed by the Inspector. The residents stated they left the dining room (9:30 a.m) because of the wait and that the meal was now too close to lunch. At 9:20 a.m identified residents were calling out and restless while waiting for the meal to be served.

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following subsections:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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. 2007, c. 8, s. 6 (7).

s. 6. (10) 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,

(a) a goal in the plan is met;

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

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,

(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits sayants :

1. [LTCHA, 2007, S.O. 2007, c.8, s.6(11)(b)]

At a 2011 nutritional assessment, the Registered Dietitian discontinued an identified resident's nutritional supplement due to stated resident refusal of the supplement. Alternative strategies were not considered or implemented in the revision of the plan of care. The resident had a significant weight loss of 7.1% over one month in 2011. Documentation on the Medication Administration Record (MAR) reflects that the resident took the nutritional supplement as prescribed for 21 days one month and refused the supplement on two days the subsequent month. All other days for this month reflect the supplement was consumed.

Alternative strategies were not implemented to replace the calories, protein and nutrients that would have been provided through the nutritional supplement. The resident developed a new open area during this time period.

2. [LTCHA, 2007, S.O. 2007, c.8, s.6(7)]

The care set out in the plan of care for an identified resident was not provided to the resident as specified in the plan in relation to a food and fluid intake record ordered in 2011. The resident was admitted to hospital and received a diagnosis of dehydration. The resident returned to the home the same day and a three day food and fluid intake record was ordered by the Physician. The intake record was not completed as ordered with two days of the record blank.

3. [LTCHA, 2007, S.O. 2007, c.8, s.6(11)(b)]

In 2011 the Registered Dietitian discontinued two nutritional supplements, for an identified resident, that were initiated for weight loss and open areas on the skin citing resident refusal. Different approaches were not considered in the revision of the plan of care. Alternative strategies were not initiated to prevent further weight loss and to promote wound healing. The resident had a 23% weight loss over an eight month period. The resident's wound has increased in size and stage.

4. [LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b)]

The goals outlined in the plan of care for an identified resident were not revised when their care needs changed. The plan of care directs staff to feed the resident most of their meal and to provide ++ encouragement and supervision when the resident feeds themselves small parts of the meal at times. The goal related to eating ability states to maintain the ability to feed themselves with supervision only. The resident did not receive the required level of assistance with their cereal at the breakfast meal May 25, 2011 and did not consume the cereal.

5. [LTCHA, 2007, S.O. 2007, c.8, s.6(2)]

The licensee did not ensure that the plans of care for numerous residents were based on an assessment of the resident and the needs and preferences of those residents. The dining room serving list, which directs staff in the provision of items for each resident, contains interventions that are not consistent with the resident's documented preferences:

Four identified residents do not consume milk, however, their plans direct staff to provide milk at each meal

Two identified residents do not consume eggs, however, their plans direct staff to encourage eggs.

An identified resident's plan directs staff to provide finger foods and then also directs staff to provide total assistance with feeding with all aspects of eating.

The Nutrition Manager confirms that standard statements are applied for certain disease conditions and interventions applied to the serving list are not individualized for the specific preferences of each resident.

6. [LTCHA, 2007, S.O. 2007, c.8, s.6(10)(c)]

The Registered Dietitian did not re-assess the nutritional needs of an identified resident after interventions in the plan of care were not effective to attain the documented goal for weight maintenance within the resident's goal weight range. The resident has been below their goal weight range for over two years. At the nutritional assessment in 2011 the Registered Dietitian noted low nutritionally relevant laboratory values, however, strategies on the plan of care were not revised. The resident's wounds were documented as deteriorating over two months. At the nutritional assessment, the resident was documented as having a 6% weight decline in one year with a 3% weight loss in one month. The resident had a reduction in food intake at the supper meal, however, the plan of care was not revised to address the decreased intake.

7. [LTCHA, 2007, S.O. 2007, c.8, s.6(10)(c)]

The licensee did not ensure that an identified resident was reassessed and their plan of care reviewed and revised when the care set out in the plan was not effective. A plan for special milk at meals was initiated, however, the resident does not consume milk at meals (verified through staff interview, resident observation at a lunch meal, and food and fluid intake

records).

8. [LTCHA, 2007, S.O. 2007, c.8, s.6(2)]

The licensee did not ensure that the care set out in the plan of care was based on an assessment of an identified resident and the needs and preferences of the resident. The diet list used in the dining room to direct staff in the provision of meals states an identified resident is not to be served milk, however, the nutritional plan of care directs staff to provide milk at all meals daily. Staff interviewed confirm the resident does not drink milk at meals. According to food and fluid intake documentation, the resident has not consumed milk at meals.

9. [LTCHA, 2007, S.O. 2007, c.8, s.6(11)(b)]

An identified resident was re-assessed by the Registered Dietitian in 2011 related to the resident refusing a prescribed nutritional supplement. The nutritional supplement was discontinued, however, alternative approaches were not considered or implemented to replace the protein and nutrients being provided by the discontinued supplement. The resident is below their goal weight range and the plan of care identifies a goal of weight maintenance within their goal weight range. At the follow up nutritional assessment, the Registered Dietitian noted low nutritionally relevant laboratory values. Alternative strategies were not considered to replace the discontinued supplement. Alternative strategies were also not considered at the follow up reviews in 2011, despite weight loss, a reduction in nutritional intake and deteriorating wounds.

10. [LTCHA, 2007, S.O. 2007, c.8, s.6(7)]

At the lunch meal May 24, 2001, the licensee did not ensure that the care set out in the plan of care was provided to residents as specified in their plans for six identified residents. Residents received foods that were listed as dislikes/foods to avoid (residents not able to voice meal preferences), and the residents did not receive special dietary interventions/instructions for care as listed on their plan of care.

At the breakfast meal May 25, 2001, the licensee did not ensure that the care set out in the plan of care was provided to residents as specified in their plans for seven identified residents. The residents did not receive special nutritional interventions for constipation and interventions listed on their plans of care.

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 ensuring that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, to be implemented voluntarily.

CO # - 002, 003, 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

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.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits sayants :



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1. The licensee did not ensure that significant weight changes for an identified resident were assessed with actions taken and outcomes evaluated:

A 10.6% significant weight loss over 3 months was documented, however, the plan of care was not revised to include strategies to address the weight loss. The Registered Dietitian's plan was to continue with the current plan of care. Interventions and goals on the plan of care were not revised. The resident had a goal for weight maintenance within the resident's goal weight range, however, the resident had been below the goal weight range for numerous months. The resident had an 8.6% significant weight loss in one month and the Registered Dietitian discontinued the resident's nutritional supplement after the significant weight loss was recorded. Strategies to prevent further weight loss were not implemented. The resident has an open area, recent history of dehydration and a 23% significant weight loss over eight months.

Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

- s. 72. (2) The food production system must, at a minimum, provide for,**
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;**
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;**
 - (c) standardized recipes and production sheets for all menus;**
 - (d) preparation of all menu items according to the planned menu;**
 - (e) menu substitutions that are comparable to the planned menu;**
 - (f) communication to residents and staff of any menu substitutions; and**
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

- (a) preserve taste, nutritive value, appearance and food quality; and**
- (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

Findings/Faits sayants :

1. [O.Reg. 79/10, s.72(3)(a)]

Not all pureed foods were prepared and served using methods which preserve taste, nutritive value, appearance and food quality at the breakfast meal May 25, 2011. Residents receiving the pureed texture menu did not receive the same level of quality as residents receiving the regular texture menu. Pureed pancakes and pureed toast were pureed together with pancake syrup and served to residents. Residents receiving the regular texture menu were served the items separately, with appropriate condiments being offered for the toast. The portion size was not adjusted when the pancakes and toast were combined, resulting in reduced portion size being served to residents and reduced nutritive value.

2. [O.Reg. 79/10, s.72(2)(c)]

Standardized recipes were not in place to ensure the consistent preparation of breakfast items.

A recipe for pureed bacon was not in place to direct staff in the preparation of the item. The cook prepared leftover sausage as a substitute for pureed bacon, which is contrary to the Home's policy and procedure (Left over policy). The cook confirmed that a recipe was not available.

A recipe was not in place for pureed pancakes or pureed toast. The cook combined the toast and pancakes together when pureeing the products, resulting in altered quality, taste and nutritive value. Staff preparing the items confirmed a recipe was not available for reference.

A recipe for turkey salad sandwiches was available, however, it did not provide clear direction to staff preparing the item. Direction related to portioning was not included, resulting in reduced nutritive value being served to residents. Staff making the sandwiches used a #20 scoop (1oz) for the filling, however, a larger portion was required to ensure protein requirements would be provided.

3. [O.Reg. 79/10, s.72(3)(b)]

Not all foods for the breakfast meal May 25, 2011 were prepared and served using methods which prevent contamination and food borne illness.

The menu stated pureed peameal bacon to be prepared and served at the breakfast meal, however, pureed sausage was prepared. May 25, 2011 - 12:05 the breakfast cook confirmed that they used leftover sausages from the day prior lunch as a substitute for the pureed peameal bacon. The Home's policy and procedure "Left over Handling - E-16" states that leftovers will not be used for minced and pureed textured diets.

Additional Required Actions:

CO # - 006, 007 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: 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).**
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Findings/Faits sayants :**1. [O.Reg. 79/10, s.73(1)11]**

Appropriate furnishings, including appropriate seating for staff that are assisting residents to eat, were not available at the lunch meal May 24, 2011 in the second floor dining room. Seating provided was not of an appropriate height to feed residents resulting in poor feeding technique. Personal Support Worker staff interviewed confirmed some of the chairs provided for staff in the dining room were not of an appropriate height to feed residents comfortably.

Adjustable stools were ordered for the home May 21, and delivered May 27, 2011, however, a sufficient quantity was not available in the dining room on June 2, 2011.

2. [O.Reg. 79/10, s.73(1)10]

At the lunch meal May 24, 2011, proper techniques were not used to assist residents with eating:

Staff assisting two identified residents with eating were scraping their mouths with the spoon and beverage glass, creating a risk of damage or irritation of sensitive skin around the mouth.

3. [O.Reg. 79/10, s.73(1)9]

At the lunch meal May 24, 2011, the following residents were not provided with eating aids, assistive devices and personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible:

The dining room diet list directs staff to provide a lip plate with meals for two identified residents, however, the residents received a regular plate.

The dining room diet list directs staff to provide total assistance with eating for an identified resident, however, staff did not provide assistance with the meal. The resident sat in-front of their entree and dessert without eating. The items were removed from the table without being consumed.

The dining room diet list directs staff to provide ++ encouragement at meals for an identified resident. The resident did not receive encouragement with the meal and ate 1/4 of their sandwich and left the dining room prior to dessert being offered.

The dining room diet list states to provide constant ++ encouragement for an identified resident, however, staff were not seated at the table and encouragement was not provided until the end of the meal service. The resident did not consume all of their fluids and encouragement to consume the fluids was not provided prior to the resident being removed from the table

The dining room diet list directs staff to provide ++ encouragement with meals for an identified resident, however, the resident did not receive encouragement during the meal.

At the breakfast meal May 25, 2011, not all residents were provided with eating aids, assistive devices and personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Two identified residents did not receive their required assistive devices and two identified residents did not receive the level of assistance required for eating.

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 ensuring proper techniques to assist residents with eating, including safe positioning of residents who require assistance , to be implemented voluntarily.

CO # - 008 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits sayants :

1. [O.Reg. 79/10, s.26(4)(b)]

The Registered Dietitian did not assess the reduction in nutritional intake at meals at two nutritional assessments of an identified resident. The resident was documented as consuming 77.5% of meals poorly/refused, however, this was not assessed in relation to the resident's nutritional supplements and nutritional requirements. The resident's intake had decreased by 16% over a two month period and the resident experienced a 6.8% weight decrease over the same time period.

2. [O.Reg. 79/10, s.26(4)(b)]

The Registered Dietitian did not assess the hydration status and any risk relating to hydration for an identified resident at several nutritional assessments. The resident was documented as having signs and symptoms of dehydration (skin tenting) and was sent to hospital and received a diagnosis of dehydration. At the nutritional review an assessment of the resident's hydration was not completed. The resident's average fluid intake did not meet their hydration requirements (as per the food and fluid intake documentation records) for three consecutive months in 2011, with a steady decline in fluid intake over each of these months.

An assessment of the decreasing hydration was not completed with interventions to address the poor hydration. The resident has lost a significant amount (23%) of their body weight over eight months.

At the nutrition assessment related to poor skin integrity, an assessment of the resident's poor hydration was not completed.

Additional Required Actions:

CO # - 009 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**
 - (i) within 24 hours of the resident's admission,**
 - (ii) upon any return of the resident from hospital, and**
 - (iii) upon any return of the resident from an absence of greater than 24 hours;**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;**
- (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**
- (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

Findings/Faits sayants :

1. [O.Reg. 79/10, s.50(2)(b)(iv)]

An identified resident had an open area and skin tear, however, the resident did not have their skin reassessed at least weekly by a member of the registered nursing staff. Documentation does not include weekly assessments of the wound by registered nursing staff. Registered nursing staff interviewed were unable to locate evidence that the resident had their wound assessed at least weekly by a member of the registered nursing staff for two months in 2011.

2. [O.Reg. 79/10, s.50(2)(c)]

Supplies were not available as required to treat pressure ulcers and promote healing for an identified resident. The resident's wound treatment was unavailable and a substitution was made. Registered staff interviewed confirmed that the correct supplies were unavailable for the wound treatment and a different dressing was substituted. The wound has worsened.

3. [O.Reg. 79/10, s.50(2)(b)(iv)]

An identified resident has not been reassessed at least weekly by a member of the registered nursing staff in relation to an open area on the resident's skin. Weekly assessments of the wound were not being completed. Assessments were not completed for 9/16 weeks. The wound has increased in size and has been deteriorating.

Also, weekly assessments of an additional open area have not consistently been completed.

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 ensuring the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing, , to be implemented voluntarily.

CO # - 010 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following subsections:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary;
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits sayants :

1. [LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a)]

The dining room furnishings were not kept clean and sanitary. Feeding stools, dining room chairs, and dining tables were not kept clean and were heavily soiled with dried on food debris and stains. The stools, chairs and tables were observed to be soiled in the 2nd floor dining room at the beginning of the lunch meal May 24, 2011 and at 16:23 on June 2, 2011.

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 ensuring that the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following subsections:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
 - (b) the identification of any risks related to nutrition care and dietary services and hydration;
 - (c) the implementation of interventions to mitigate and manage those risks;
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
 - (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits sayants :

1. [O.Reg. 79/10, s.68(2)(d)]

The home's system to monitor and evaluate the food and fluid intake of residents did not monitor and allow for the evaluation of risks related to nutrition and hydration for an identified resident during a one month period in 2011. The resident's 'care flow sheet PSW documentation' record for meal consumption was not completed for 12 meals in one month in 2011. The resident is identified as high nutrition risk.

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 ensuring that the nutrition care and hydration programs include a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration, to be implemented voluntarily.

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

Findings/Faits sayants :

1. The licensee did not ensure that the planned menu items were offered to residents at the breakfast and lunch meals May 25, 2011. Planned portion size for menu items was not followed by staff portioning meals: Planned portion of oatmeal is 250ml - 180ml served; planned portion of pureed oatmeal is 350ml - 180ml served; planned portion of minced bacon is #16 scoop - #10 scoop served; planned portion of pureed bacon is #16 scoop - #10 scoop pureed sausage served; planned portion of pureed turkey salad sandwich is #10 scoop - 2oz portion served; planned portion of pureed macaroni salad is #10 scoop - 2oz portion served; planned portion of pureed bread is #16 scoop - #12 scoop used; planned portion of minced perogy with cheese is 125ml - #10 scoop served; the planned portion of filling for the turkey salad sandwich was not followed - a 1 oz portion was prepared which would not ensure the minimum servings of protein were offered to residents during the day.

2. At the lunch meal May 24, 2011, an alternative dessert was not available for an identified resident who requires a specialized menu. Staff interviewed confirmed that an alternative dessert was not available for the resident.

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 ensuring that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) 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,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :

1. The home's policies and procedures related to nutritional care, hydration, and dietary services have not been revised to comply with all applicable requirements under the Act and have not been revised to comply with procedures, strategies, and systems the home is currently using. Some examples:

Many of the home's policies have not been revised since 2003.

The home's policy related to menu planning has not been revised to reflect the requirements of the LTCHA, 2007 in relation to Dietary Reference Intakes and revised Canada's Food Guide requirements (policy refers to menu planning requirements of 2003).

The home's policy related to nutritional assessment does not reflect the computerized systems being used in the home. The home is now using Point Click Care and RAI-MDS assessments, however, the policy reflects prior assessment forms and was updated November 2003.

2. The Home's policy 'Skin Integrity - Best Practices - Assessment and Management of Stage I-IV Ulcers' is not consistently complied with by staff providing care to residents of the home. The policy refers to a wound care team, however, staff confirm a wound care team is not currently in place. The policy states that re-assessments of pressure ulcers should be conducted on a weekly basis to determine the effectiveness of the treatment plan, however, an identified resident did not have their wounds assessed weekly.

The policy is not consistent with all applicable requirements under the Act and does not reflect that consultation with the Dietitian is required for residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds. The policy is dated August 2008.

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 ensuring that 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, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits sayants :

1. The nursing and personal support services program does not consistently include documentation of the interventions and treatments provided to an identified resident for skin and wound management. Treatments are not documented as being completed on the Treatment Administration Record (TAR) for two days in one month in 2011 for two identified open areas. The resident has a physician order for daily treatment to the open areas. Staff confirmed the treatments were completed, however, were not documented for the identified dates.

Weekly skin assessments are also not documented as completed for the same dates (as per the computerized TAR). Staff confirmed the TARS documentation was not completed as required.



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

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 ensuring that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.

Findings/Faits sayants :

1. Catheter supplies were not available and the scheduled catheter change for an identified resident was delayed by two days. Registered staff interviewed confirmed that at times they do not have catheter trays and that the supplies were not available for the catheter change.

Issued on this 22nd day of August, 2011

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

