Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MICHELLE WARRENER (107)
Inspection No. / No de l'inspection :	2011_066107_0002
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	May 24, 25, 26, 27, 30, Jun 2, 10, 12, 14, 15, 29, Jul 25, 26, 2011
Licensee / Titulaire de permis :	GRACE VILLA LIMITED 284 CENTRAL AVENUE, LONDON, ON, N6B-2C8
LTC Home / Foyer de SLD :	GRACE VILLA NURSING HOME 45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	WENDY HALL

To GRACE VILLA LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8,
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).

Order / Ordre :

The licensee shall ensure there is an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents. The licensee must ensure:
a) residents are in the dining room on time to allow the breakfast meal to begin at the posted meal time
b) residents are involved in planning the timing of meal service
c) diet list/seating information is current and provides clear direction to staff serving in the dining room
d) staffing/job routines are assessed and evaluated for efficiencies and effectiveness

Grounds / Motifs :

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 on third floor of the home. The breakfast meal began 20 minutes late. 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. 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 of those residents were interviewed by the Inspector and identified the wait time as the reason for leaving the dining room. (107)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 23, 2011

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee shall ensure that all residents of the home:
a) are assessed by the Registered Dietitian when their care needs change;
b) have their plans of care, including nutritional strategies, evaluated for effectiveness; and
c) have their plan of care revised when the strategies are not effective
This includes two identified residents.

Grounds / Motifs :

1. On two separate occasions, 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 to meet the resident's nutritional care needs in relation to the goal for weight maintenance and the initiation of homogenized milk, which the resident does not consume. (107)
2. The goals outlined in the plan of care for an identified resident were not revised when their care needs changed in relation to the level of assistance required for eating. 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. (107)

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Order(s) of the Inspector
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Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
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Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee shall ensure that all residents who require revision to their plans of care because care set out in the plan has not been effective, shall have different approaches considered when nutritional interventions are not effective. This includes the three identified residents.

Grounds / Motifs :

1. Three identified residents had their nutritional supplements discontinued by the Registered Dietitian, however, alternative approaches were not considered or implemented to meet the nutritional needs of these residents.
One of the identified residents was below their goal weight range, had abnormal nutritionally relevant laboratory values, deteriorating wounds, and a decline in nutritional intake at the supper meal, and two of the identified residents had a significant weight loss and deteriorating skin integrity. (107)
2. The Registered Dietitian discontinued two nutritional supplements that were initiated for an identified resident for the management of weight loss and open areas on the skin, however, 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 has had a 23% weight loss in an eight month period. The resident's wound has increased in size and stage. (107)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2011

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
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Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
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Order # / Ordre no : 004

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee shall ensure that the care set out in the plan of care in relation to food and fluid monitoring, meal service, and resident preferences are provided to all residents of the home as specified in their plans of care. This includes the identified residents.

Grounds / Motifs :

1. 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 six residents as specified in their plans 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 five residents as specified in their plans of care. (107)
2. 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 order for a food and fluid intake record. The intake record was not completed as ordered. Incomplete documentation does not allow for the evaluation of the nutrition and hydration intake of this resident. (107)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2011

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Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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Order # / Ordre no : 005

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 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:

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.

Order / Ordre :

The licensee shall ensure that all residents experiencing a significant or unplanned weight change, including the identified resident have the weight change assessed, with actions taken and outcomes evaluated.

Grounds / Motifs :

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 a three months period was documented, however, the plan of care was not revised to include strategies to address the weight loss. The Registered Dietitians 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 their goal weight range, however, the resident had been below their goal weight range for eight months.
The identified resident had an 8.6% significant weight loss in one month, however, nutritional supplements were discontinued due to resident refusal, without the implementation of alternative strategies to prevent further weight loss. The resident has an open area, recent history of dehydration and a 23% significant weight loss over 8 months. (107)

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Ontario

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Ministére de la Santé et des Soins de longue durée

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 006

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that standardized recipes are in place for all menu items to direct staff in the preparation of the planned menu.

Grounds / Motifs :

1. Standardized recipes were not in place on My 25, 2011 to ensure the consistent preparation of breakfast items, specifically, for pureed bacon, pureed pancakes or pureed toast. Menu items prepared resulted in altered quality, taste and nutritive value. Staff preparing the items confirmed recipes were 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. (107)

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Order # / Ordre no : 007

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that all food and fluids in the food production system are prepared and served using methods to preserve taste, nutritive value, appearance and food quality, and to prevent adulteration, contamination and food borne illness. The licensee must ensure that residents receiving the pureed menu receive the same level of quality as residents receiving a regular textured menu and that leftovers are not used for the preparation of minced and pureed menus.

Grounds / Motifs :

1. 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. The breakfast cook confirmed that they used leftover sausages from the day prior lunch as a substitute for the pureed peameal bacon. (107)
2. At the breakfast meal May 25, 2011, residents receiving the pureed texture menu received pureed pancakes and pureed toast pureed together with pancake syrup. 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. (107)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2011

Order # / Ordre no : 008

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that appropriate seating is available for staff assisting residents with eating in the dining rooms. Seating must be of an appropriate height to allow for proper feeding techniques and positioning of staff.
The licensee shall ensure that all residents, including the identified residents, are provided with eating aids, assistive devices and personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Grounds / Motifs :

1. At the lunch meal May 24, 2011, six 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.

At the breakfast meal May 25, 2011, four 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. (107)
2. 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.
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. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 23, 2011

Ontario

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Order # / Ordre no : 009

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that the Registered Dietitian assesses the nutrition and hydration status of all residents who have a reduction in food and fluid intake, including the identified resident.

Grounds / Motifs :

1. The Registered Dietitian did not assess the nutrition and hydration status and any risk relating to nutrition and hydration for an identified resident when they had a significant change in health condition on several nutritional assessments. The resident was sent to hospital and received a diagnosis of dehydration.
The resident had a progressive decline in hydration for three consecutive months in 2011 and was not meeting their hydration target during this time. The resident lost 22.7% of their body weight over eight months, had a decline in nutritional intake at meals, and poor skin integrity (open areas) .
The decline in nutrition and hydration status was not assessed by the Registered Dietitian with interventions to address the problems. (107)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2011

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Ordre(s) de l'inspecteur

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Order # / Ordre no : 010

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that all residents, including residents with altered skin integrity, including the two identified residents, are reassessed at least weekly by a member of the registered nursing staff.

Grounds / Motifs :

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

Weekly assessments of another open area have not consistently been completed since March, 2011. (107)
2. An identified resident had an open area on the skin and a skin tear, however, the resident did not have their skin reassessed at least weekly by a member of the registered nursing staff for two months in 2011. (107)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 05, 2011

Ontario

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Order(s) of the Inspector
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REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

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 services 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: 416-327-760

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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

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. Clair 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 22nd day of August, 2011

Signature of Inspector / Signature de l'inspecteur : M. Warrener

Name of Inspector / Nom de l'inspecteur : MICHELLE WARRENER

Service Area Office / Bureau régional de services : Hamilton Service Area Office