



**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
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

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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
Mar 22, 27, 28, 29, 30, Apr 3, 4, 5, 24, May 9, 10, 2012	2012_027192_0009	Follow up

Licensee/Titulaire de permis

KING NURSING HOME LIMITED
49 Sterne Street, Bolton, ON, L7E-1B9

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

KING NURSING HOME
49 Sterne Street, Bolton, ON, L7E-1B9

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

DEBORA SAVILLE (192), LALEH NEWELL (147)

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 the Administrator, Director of Care, Associate Director of Care, Education Coordinator, Resident Assessment Instrument (RAI) Coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Environmental Aides, Cook, Dietary Aide, and residents related to H-000542-12

During the course of the inspection, the inspector(s) reviewed medical records, education and training records, policy and procedure, complaint log, and observed the provision of care, food preparation and service.

Please Note: An Environmental Follow-up Inspection # 2012_072120_0027 was conducted concurrent to this inspection and resulted in corrected non-compliance/orders related to O.Reg 79/10, s.17(1).

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Pain

Personal Support Services

Reporting and Complaints

Responsive Behaviours

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend	Legende
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

1. The licensee failed to ensure that care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007 S.O.2007, c. 8, s. 6(7)]

a) On a specified date and time in 2012, a specified resident was observed sitting in a wheelchair at the bedside. Two staff were observed transferring the resident into bed using a side by side transfer technique. At a specified time the resident was observed sitting beside the bed, in a wheelchair. A staff member in the room confirmed that the resident was just getting up. A second staff member entered the room and indicated that she assisted to transfer the resident out of the bed stating that when the resident is put to bed the maxi lift is used, but that two staff are able to transfer the resident out of the bed without use of the maxi lift. The plan of care indicates that two staff are required to transfer the resident using the Maxi lift, for all transfers.

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. 76. Training

Specifically failed to comply with the following subsections:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

Findings/Faits saillants :

1. The licensee failed to comply with their compliance plan and ensure that all staff who provide direct care to residents receive training related to palliative care. [s. 76. (7) 5]

Documentation review and interview confirm that training related to palliative care has not been provided for staff.

Additional Required Actions:

CO # - 002 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. 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 :



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1. The licensee of a long term care home did not ensure that the home had a dining and snack service that included, at a minimum, the following elements: (6) food and fluids being served at a temperature that was both safe and palatable to the residents. [O.Reg 79/10, s73(1)6]

The home did not comply with their previous plan of corrective action and food was not served at a temperature that was both safe and palatable to the residents.

a) Hot and cold food temperatures (with the exception of the soup) were not taken in the main kitchen during production or prior to the lunch meal service commencing March 27, 2012. At the end of the meal service the food service supervisor confirmed that the temperatures were not recorded on the temperature log or production sheets and that the expectation was for staff to take and record temperatures on the temperature log prior to service.

b) Temperatures were tested by the inspector ten minutes after the commencing of the meal in the main kitchen; chicken salad was 8.9 degree Celsius and the caesar salad was 11.4 degree Celsius. Temperatures of menu items in the 2nd floor dining room were tested prior to the meal finishing. The chicken salad was 5.6 degree Celsius and the puree chicken salad was 9.8 degree Celsius. In order to ensure the safety and palatability of cold food, it should be served at temperatures less than 5 degrees Celsius.

c) On March 29, 2012 the temperature log was reviewed and it was noted that the lunch meal temperatures for March 27, 2012 were recorded despite not being taken. The food service supervisor indicated the staff member took the temperatures at the completion of the meal however, there were not sufficient quantities of all menu items to take temperatures and all the recorded temperatures were 4 degree Celsius, colder than the temperatures recorded ten minutes after service commenced. The food service supervisor confirmed that these temperatures were not accurate. (165)

Additional Required Actions:

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

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

a) On a specified date and time in 2012, a specified resident was observed sitting in the lounge in a wheelchair. It was noted that there was food debris on and about the resident's mouth, hair was disheveled and yellow discharge was noted around the left eye. Both eyes were noted to have heavily matted lashes. On a specified date and time in 2012, the resident was observed laying on the right side in bed. It was noted that the resident's face was heavily soiled with food debris.

The plan of care indicates that staff are responsible for all hygiene, the resident did not have the face washed as required.

b) On a specified date and time in 2012, a specified resident was observed to be unshaven, sitting in a wheelchair outside of the room. At a specified time, the resident was observed sitting in the wheelchair in the corridor. Face remained unshaven and soiled with a red substance around the mouth and running down the chin. Staff member interviewed indicated nourishment would have been provided at 1400 and that the resident should have been shaved by a staff member on the morning shift. The plan of care indicates that the resident is dependent on staff for all aspects of grooming.

c) On a specified date and time, a specified resident was observed sitting in the second floor dining room in a broda chair. It was noted that the upper lip and nose were soiled with food debris, the chest was moist with saliva. The resident was fed nourishment by a staff member. At 1200 the resident's face remained soiled with food debris. The plan of care for the resident indicates that the resident is dependent on staff for all grooming.

WN #5: 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. (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 saillants :

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

Standardized recipes at lunch meal March 27, 2012 were not consistently followed.

a) The recipe for navy bean soup was not followed. Kidney beans were substituted for navy beans and the recipe indicated that all ingredients be added and cook until tender, 1.5 hours, however some ingredients including ham was not added to the soup until 11:36 and the soup was portioned for the floors twenty minutes later, compromising the quality. The recipe for minced and puree perogies indicated specific quantities of perogies to blend for each yield however, this was not followed. The recipe indicated that once the mechanical texture was reached to reheat the perogies to 165 degrees Fahrenheit however, this process was not completed compromising the quality and taste. The tomato cucumber salad recipe called for 1/3 cup of sugar however, 7/8 cups were used instead, increasing the amount of sugar by 2.5 times and compromising the taste and nutritive value.

b) Cheese sandwiches were not prepared for the renal menu as indicated on the production sheet. The food services supervisor confirmed that the sandwiches are usually prepared prior to meal service commencing. The food service supervisor indicated that low sodium chicken noodle soup was not prepared as indicated on the production sheets to relieve the cook.

c) The quantities for minced and puree menu items listed on the production sheet do not always match the quantities on the standardized recipes. The food service supervisor indicated that the cook will round up production to the next quantity however, during the meal service March 27, 2012 the main kitchen ran short of minced perogies and minced caesar salad resulting in dietary staff preparing more during the meal which delayed service. The main kitchen also ran short of a puree chicken salad plate at 13:05 and it was not until the cook returned from 2nd floor at 13:15 that the resident's puree meal was available and delivered.

d) The lunch meal service was delayed forty-five minutes as food production of the meal was not completed. (165)

Additional Required Actions:

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

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 3.	CO #001	2011_070141_0022	192
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001, #004, #005, #007	2011_027192_0043	192
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001, #004, #005, #007	2011_027192_0043	192
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001, #004, #005, #007	2011_027192_0043	192
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001, #004, #005, #007	2011_027192_0043	192



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O.Reg 79/10 r. 8.	CO #004	2011_071159_0012	192
O.Reg 79/10 r. 53.	CO #004	2011_070141_0022	192
O.Reg 79/10 r. 53.	CO #002	2011_027192_0043	147
LTCHA, 2007 S.O. 2007, c.8 s. 76.	CO #001, #002	2011_071159_0012	192
LTCHA, 2007 S.O. 2007, c.8 s. 76.	CO #001, #002	2011_071159_0012	192

Issued on this 10th day of May, 2012

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

Debra Shultz (192)



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under the *Long-Term
Care Homes Act, 2007***

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Date(s) of inspection/Date de l'inspection March 27, 28, 29, 2012	Inspection No/ No de l'inspection 2012_027192_0009	Type of Inspection/Genre d'inspection Follow-up
Licensee/Titulaire de permis King Nursing Home Limited 49 Sterne stree, Bolton, ON L7E 1B9		
Long-Term Care Home/Foyer de soins de longue durée King Nursing Home 49 Sterne stree, Bolton, ON L7E 1B9		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs Debora Saville (192) Laleh Newell (147) Tammy Szymanowski (165) Bernadette Susnik (120)		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

(Please delete empty rows. Ensure the signature box is on the same page as the last row of corrected requirement.)

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007, S.O. 2007 c. 8, s. 6(1)(c)	CO # 001	2011_027192_0043	192, 147
LTCHA, 2007, S.O. 2007 c. 8, s. 6(10)(b)	CO #004	2011_027192_0043	192, 147
LTCHA, 2007, S.O. 2007 c. 8, s. 6(4)	CO #007	2011_027192_0043	192, 147
LTCHA, 2007, S.O. 2007 c. 8, s. 6(11)	CO #005	2011_027192_0043	192, 147
O. Reg. 79/10, s. 8(1)a	CO #019	2011_071159_0012	192, 147, 165
O. Reg. 79/10, s. 8(1)b	CO #005	2011_071159_0012	192, 147
O. Reg. 79/10, s. 52(2)	CO #011	2011_071159_0012	192



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007, S.O. 2007 c. 8, s. 76(2)	CO #016	2011_071159_0012	192
LTCHA, 2007, S.O. 2007 c. 8, s. 76(4)	CO #017	2011_071159_0012	192
O. Reg. 79/10, s. 48(1)(3)	CO #021	2011_071159_0012	192, 147
O. Reg. 79/10, s. 53(4)	CO #002	2011_027192_0043	147

Issued on this 9th day of May, 2012

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

Debra Hill (192)