



**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

**Ministère 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) :	DEBORA SAVILLE (192), LALEH NEWELL (147)
Inspection No. / No de l'inspection :	2012_027192_0009
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Mar ²⁵ 22 , 27, 28, 29, 30, Apr 3, 4, 5, 24, May 9, 10, 2012
Licensee / Titulaire de permis :	KING NURSING HOME LIMITED 49 Sterne Street, Bolton, ON, L7E-1B9
LTC Home / Foyer de SLD :	KING NURSING HOME 49 Sterne Street, Bolton, ON, L7E-1B9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	JANICE KING

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



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Order # /
Ordre no : 001

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

Linked to Existing Order /
Lien vers ordre existant: 2011_027192_0043, CO #006

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 :

A. The licensee shall immediately ensure that care set out in the plan of care is provided to the specified resident as specified in the plan of care.

B. The licensee shall prepare and submit a plan to ensure that all resident's of the home receive care related to lifts and transfers as specified in their plan of care. The plan shall include, but shall not be limited to immediate actions, short term actions, long term actions and an evaluation process to ensure ongoing compliance.

The plan shall be complied with.

The plan shall be submitted electronically to Inspector Debora Saville, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch at debora.saville@ontario.ca by May 18, 2012.

Grounds / Motifs :

1. Previously issued August 29, 2011 and December 22, 2011.

The licensee failed to ensure that care set out in the plan of care is provided to the resident as specified in the plan. [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 specified resident using the Maxi lift, for all transfers. (192)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 25, 2012



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
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Order # /
Ordre no : 002

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

Linked to Existing Order /
Lien vers ordre existant: 2011_071159_0012, CO #003

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee shall prepare and submit a plan ensuring that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training related to Palliative Care at times or intervals provided for in the regulations.

The plan shall be implemented.

The plan is to be submitted electronically to Inspector Debora Saville, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch at debora.saville@ontario.ca by May 18, 2012.

Grounds / Motifs :

1. Previously issued as a compliance order on September 7, 2011

The licensee failed to 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 who provide direct care to residents. (192)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 25, 2012

Order # /
Ordre no : 003

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

Linked to Existing Order /
Lien vers ordre existant: 2011_027192_0043, CO #003

Pursuant to / Aux termes de :



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
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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 of a long term care home shall ensure that the homes dining and snack service includes food and fluids being served at a temperature that is both safe and palatable to the residents. The home must have a system that includes, but is not limited to, taking and recording food temperatures for all food items (all textures) in the main kitchen prior to food delivery to the floors and at the service point. The system must also include quality measures to monitor outcomes of temperatures and corrective action.

Grounds / Motifs :



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1. Previously issued as a compliance order on August 29, 2011 and December 22, 2011

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. Cold foods should be served at 5 degree Celsius in order to ensure the safety and palatability of the food.

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) (192)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 18, 2012

Order # /	Order Type /
Ordre no : 004	Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre existant: 2011_027192_0043, CO #008

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 :



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Ordre(s) de l'inspecteur

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The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

The home must have a production system in place that includes production sheets to guide staff and ensure that the standardized recipes in place are individualized for the quantities required and are followed. The system must also include quality measures to monitor outcomes and corrective actions to ensure the preparation of meals are completed in a timely manner.

Grounds / Motifs :

1. Previously issued as a compliance order on August 29, 2011 and December 22, 2011.

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) (192)

This order must be complied with by /

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REVIEW/APEAL INFORMATION

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
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

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

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8^e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9^e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8^e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of May, 2012

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

DEBORA SAVILLE

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

Hamilton Service Area Office