Ontario

**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 sous la Loi de 2007 sur les foyers de soins de longue durée**


**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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**Public Copy/Copie du public**

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Aug 15, 2013 | 2013_182128_0022 | L-000527-13 | Other |

**Licensee/Titulaire de permis**

Leamington Court Inc.
1 Henry Avenue, LEAMINGTON, ON, N8H-5P1

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

LEAMINGTON COURT RETIREMENT RESIDENCE
1 Henry Avenue, LEAMINGTON, ON, N8H-5P1

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

RUTH HILDEBRAND (128)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): August 7 & 8, 2013**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, RAI Coordinator, 2 Registered Nurses, 2 Registered Practical Nurses, 4 Personal Support Workers, Nutrition Manager/Environmental Services Manager, Registered Dietitian, 2 Cooks, 2 Dietary Aides, 1 Housekeeping Aide, 1 Maintenance Worker and 2 Residents.**

**During the course of the inspection, the inspector(s) observed meal and snack service, reviewed clinical records for identified residents, as well as policies and procedures pertinent to the inspection.**

**The following Inspection Protocols were used during this inspection:**
**Dining Observation**

**Nutrition and Hydration**

**Snack Observation**

**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend | Legendé |
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Aiguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | WAO – Ordres : travaux et activités |

| | |
|---|---|
| Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) | Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**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 O. Reg. 79/10, s. 8 (1).**
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all policies and procedures are complied with.

Policy # NHS-X-16, entitled Daily Food and Fluid Intake Record, dated February 2007 was not complied with. The policy states that glasses, tea/coffee mugs and soup bowls are all to be recorded as 125mls. However, the home uses at least 7 glass/cup/bowl sizes and only one of them holds 125mls.
The food and fluid documentation form directions do not match the glass/cup sizes utilized in the home.
It is noted that the glass sizes do not match the menu nor the food and fluid intake records. Examples include:
Small clear glasses used for juice are documented as containing 75ml. However, the menu requires that the juice serving be 125mls.
The Daily Food and Fluid Intake Record sheets state "big glasses = 2". PSW staff reported that the large glasses are only 175 mls which does not equate to 250 mls as per what is being documented.
The Nutrition Manager acknowledged that it should be 1.5 not 2.
Education was reported to have been provided to staff in July 2013 related to food and fluid documentation post a complaint inspection conducted by the Ministry.

The Corporate Dietary Consultant acknowledged that the education provided to staff does not coincide with the directions on the Food and Fluid Intake Record sheets. He also agreed that the glass sizes do not match the menu. He acknowledged that he was aware that everything didn't line up and they needed to do more work in this area. [s. 8. (1) (b)]

2. Policy # NHS-X-16, entitled Daily Food and Fluid Intake Record was also noted to not be in compliance in terms of referrals to the Registered Dietitian (RD). The policy states "Registered staff will complete Dietary Referral progress note to the Food Service Department for follow up". The Daily Food and Fluid Intake Record sheets state "if total number "8" or less than "8" for three consecutive days, refer to the Registered Dietitian".
The 8 servings of fluid would identify hydration risk starting at consumption of 1000mls or less fluid per day.
There are no guidelines provided to staff to initiate a referral to the RD when residents' food intakes have been inadequate.

Food and fluid intake records were reviewed and it was noted that 12 residents had

intakes of less than 1000 ml fluid per day. Eight of the 12 residents(75%) were noted to be at hydration risk, without a referral being sent to the RD including the following residents:
One resident – average intake for 4 days was 969 mls;
One resident – average intake for 4 days was 890 mls;
One resident – average intake for 3 days was 875 mls;
One resident – average intake for 7 days was 763 mls;
One resident – average intake for 3 days was 645 mls;
One resident – average intake for 7 days was 643 mls;
One resident – average intake for 7 days was 437 mls;
One resident – average intake for 7 days was 473mls.

The Corporate Dietary Consultant and the Administrator/Director of Care both confirmed that referrals should have been made to the Registered Dietitian for these residents.
The Administrator/Director of Care confirmed that all Registered Nursing staff received education in the month of July 2013 related to when a referral needed to be sent to the Registered Dietitian. [s. 8. (1) (b)]

***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**

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plans of care for each resident sets out clear directions for the staff and others who provide direct care to the resident.

A clinical record review revealed that the texture of an identified resident's diet was changed in June 2013.
However, a current 3 month medication review, indicates that the diet order is a different texture.
The Administrator/Director of Care acknowledged that the diet order needed to be consistent to provide clear direction to staff. [s. 6. (1) (c)]

2. The licensee did not ensure that the care set out in the plan of care is provided to each resident as specified in the plan.

The plan of care for an identified resident indicated the need for a diet with a modified consistency related to the resident being at high nutritional risk in regard to choking.
The resident was observed being provided fluid, not allowed for that consistency, at morning snack on August 7, 2013.
A PSW acknowledged this.
At the lunch meal, on August 7, 2013, the resident was observed being provided the incorrect consistency again. A PSW acknowledged that it was the incorrect consistency.
The Nutrition Manager was also in the dining room and observed the resident being provided the same.
The Registered Dietitian expressed concern because the resident required the altered consistency to prevent choking. [s. 6. (7)]

3. The plan of care for another identified resident indicated the need for a modified consistency.
This resident was, also, observed being provided an incorrect consistency, at the lunch meal, August 7, 2013.
A PSW acknowleged that it was the incorrect consistency provided.
The Nutrition Manager also acknowledged that this resident should have been provided the required consistency. [s. 6. (7)]

4. The plan of care for an identified resident indicated that the resident required a therapeutic diet.
However, he/she was observed to be provided with a regular diet, at the lunch meal,

on August 7, 2013.
The diet list in the dining room indicated that the resident was on a regular diet.
The Nutrition Manager acknowledged that the resident should not have been offered a regular diet and this was an error. [s. 6. (7)]

5. An identified resident was offered food and fluid that was not in keeping with the therapeutic diet, noted in the plan of care for this resident, at meals on August 7 & 8, 2013.
The Registered Dietitian indicated that her expectation is that residents are served their meals and snacks as outlined in their therapeutic diets. [s. 6. (7)]

6. An identified resident was observed to be provided with a whole hamburger patty at the lunch meal, August 8, 2013.
The resident's plan of care indicates that the resident requires a texture modification.
The Administrator/Director of Care acknowledged that staff are expected to provide resident's diets as specified in their plan of care.
The Administrator/DOC confirmed that the RD's assessed need for the texture modification is what should have been provided. [s. 6. (7)]

7. Observation of the breakfast meal, August 8, 2013, revealed that an identified resident was not provided with high fibre interventions, as outlined in his/her plan of care.
Personal Support Workers were unaware that the resident required these interventions.
Inspector # 128 brought this to the Nutrition Manager's attention and she instructed staff to provide the resident with the required interventions. [s. 6. (7)]

8. The licensee failed to ensure that each resident was reassessed when the resident's care needs changed or the care set out in the plan of care was no longer necessary.

Observations of breakfast, August 8, 2013, revealed that another identified resident was not provided high fibre interventions, as indicated in the documented plan of care.
The Administrator/Director of Care indicated that the resident's care needs changed shortly after the resident's admission and the resident no longer required the intervention. She acknowledged that the plan of care should have been revised when the care needs changed. [s. 6. (10) (b)]

*Additional Required Actions:*

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care and that the care set out in the plan of care is provided to the resident as specified in the plan. The plan should also ensure that each resident is reassessed when the resident's care needs change or care set out in the plan of care is no longer necessary, to be implemented voluntarily.***

**WN #3: 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:**

**s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure residents are provided with food and fluids that are safe.

Pureed texture foods observed at the lunch meal, August 7, 2013, had small pieces in them which could have been a potential choking risk. The pureed peaches, pureed watermelon and pureed scone all had small pieces in them.
A PSW acknowledged that the food items had small pieces in them.
The Nutrition Manager also observed the food items and took the meal to be further processed after Inspector #128 brought this to her attention. [s. 11. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure residents are provided with food and fluids that are safe, to be implemented voluntarily.***

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**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:**
**5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home has a dining and snack service that includes a process to to ensure that food service workers and other staff assisting residents are aware of the residents' preferences.

A review of the Diet List utilized in the dining room revealed that there are no preferences documented for residents.
The Nutrition Manager stated that there has not always been a process in place to document food preferences for residents. A process was recently implemented but she indicated that it has not been effective in capturing food preferences for residents. She acknowledged that food preferences should be noted to assist staff in serving residents. [s. 73. (1) 5.]

*Additional Required Actions:*

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home has a dining and snack service that includes a process to to ensure that food service workers and other staff assisting residents are aware of the residents' preferences, to be implemented voluntarily.*

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 75. Nutrition manager**

**Specifically failed to comply with the following:**

**s. 75. (3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities. O. Reg. 79/10, s. 75 (3).**

**Findings/Faits saillants :**

1. The licensee has not ensured that the nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4) and (5).

The Nutrition Manager (NM)is responsible for dietary/food services as well as housekeeping, laundry and maintenance. She reported that she spends approximately 1.5 - 2 days per week related to Environmental Services Manager activities. The NM is also responsible for the dietary/food service program for the retirement home.
The Administrator confirmed she works 40 hours per week.
With 12-16 hours per week dedicated to environmental services, 24-28 hours remain to be dedicated to Nutrition Manager responsibilities.
At the time of the inspection the home had 51 long-term care residents and 51 retirement residents.
The required number of hours to fulfill the Nutrition Manager responsibilities for both the retirement home and long-term care is 32.64 hours.
The Corporate Dietary Consultant stated that the home "needed to re-evaluate the staffing hours for the Nutrition Manager", after Inspector #128 shared all of the negative outcomes found during the inspection. [s. 75. (3)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4) and (5), to be implemented voluntarily.***

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home is a safe and secure environment for its residents.

An unattended maintenance cart was observed in the hallway.
The cart contained maintenance tools, including a drill, hammer, knives and screw drivers.
Additionally, the cart contained hazardous chemicals.
A Maintenance Worker and the Administrator acknowledged that the expectation was that the cart should be locked when unattended. [s. 5.]

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan**

**Specifically failed to comply with the following:**

**s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:**
**8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the care plan for each resident identifies a diet order, including food texture, fluid consistencies and food restrictions.

An identified resident was readmitted to the home from a hospital admission.
A diet order, including food texture, fluid consistency and food restrictions was not ordered for the resident.
The Registered Dietitian stated that a diet order should have been written when the resident was re-admitted from the hospital and wrote the diet order 2 days later. [s. 24. (2) 8.]

**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

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 saillants :

1. The licensee failed to ensure that the home's menu cycle included menus for each therapeutic diet.

A clinical record review revealed that an identified resident had an order for a therapeutic diet. The Registered Dietitian updated the order to another therapeutic diet, on August 7, 2013.
There is no evidence of a therapeutic menu plan available to guide staff for either diet.
A Dietary Aide reported being unsure of interventions related to the therapeutic diet.
The Nutrition Manager and Corporate Dietary Consultant both acknowledged that there should be menu plans available to guide staff for all therapeutic diets. [s. 71. (1) (b)]

2. The licensee failed to ensure that the planned menu items were offered and available at each meal and snack.

Observation of morning snack, on August 7, 2013, revealed that the planned menu was not followed. Regular and diet lemonade were on the planned menu. Apple drink and grape drink were served.
Two residents refused the drinks. A PSW reported that it was because they don't like the taste of the drinks because all the drinks are diet.
A Dietary Aide and the Nutrition Manager confirmed that the home does not use regular drinks, as per the planned menu and instead serves only diet drinks to all residents.

At lunch, the same day, it was noted that only 3 residents were served milk. The planned menu indicates that 125 ml of milk is to be served. Milk was not offered to all residents. It is noted that the residents are offered a choice of beverages at each meal.
The Nutrition Manager implemented a plan the same day to serve milk to residents and devised a list to determine preferences of residents related to milk consumption.
August 8, 2013 at the breakfast meal, it was observed that residents were provided small glasses of milk. The planned menu indicates that the milk serving at breakfast is 250 ml.
The Nutrition Manager acknowledged that the small glasses of milk would not be equivalent to the 250 ml on the planned menu.
The Registered Dietitian indicated that the expectation is that the planned menu is followed. [s. 71. (4)]

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

**Specifically failed to comply with the following:**

**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 O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. The licensee did not ensure that all foods and fluids were served to preserve nutritive value.

At the lunch meal, on August 7, 2013, the following was observed:
-peach slices were served using a #12 scoop instead of a #16 scoop;
-watermelon was served using a slice instead of a #16 scoop;
-jello was served using a scoop instead of a 1 x 1 square for diabetic diets or a 2 x 2 square for regular diets;
-one meal was served with only a partial #16 scoop of pureed peaches. There were no more minced texture peaches available.
The Registered Dietitian and Corporate Dietary Consultant stated that the expectation is that staff serve meals as per the planned menu. [s. 72. (3) (a)]

**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**

**Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**
**(a) cleaning of the home, including,**
**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**
**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures are developed and implemented for cleaning of the home, including, floors and carpets.

Carpets in the West end were observed to be soiled and stained.
The Environmental Services Manager(ESM)indicated that she was not aware that the carpets were so stained and was unsure if there was a routine in place to ensure that they are cleaned on a regular basis.
The Environmental Services Manager took immediate action to ask housekeeping staff to spot clean the carpets.
It was noted that the carpets remained soiled and stained after the spot cleaning was finished. [s. 87. (2) (a)]

2. The dining room floor was observed and felt to be very sticky on both days of the inspection.
Inspector #128, brought the concern related to potential risk for falls, from the sticky floors, to the attention of the Administrator and ESM.
They acknowledged that they were aware that the floor was sticky.
The ESM indicated that they were looking at alternatives to the chemicals being used.
[s. 87. (2) (a)]

**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**
**(a) drugs are stored in an area or a medication cart,**
**(i) that is used exclusively for drugs and drug-related supplies,**
**(ii) that is secure and locked,**
**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
**(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

An unattended treatment cart with prescription creams sitting on top of the cart was observed August 7, 2013.
A Registered Practical Nurse stated that the creams should be in the cart and not sitting on top of it. [s. 129. (1)]

**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff participate in the implementation of the infection control program.

A Personal Support Worker was observed touching his/her nose, picking up dirty cups, putting foot pedals on a wheelchair and repositioning the resident's legs into the foot pedals, picking up a bunch of bananas that had fallen on the floor and assisting 9 residents with morning snack, with no evidence of hand washing or hand hygiene between touching dirty and clean items.
The Personal Support Worker acknowledged that hand hygiene/hand washing should have been taking place between touching dirty and clean items.
The Nutrition Manager acknowledged the expectation is that all staff use hand hygiene/handwashing. [s. 229. (4)]

**Issued on this 13th day of September, 2013**

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

RUTH HILDEBRAND

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**

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|---|---|
| **Name of Inspector (ID #) / Nom de l'inspecteur (No) :** | RUTH HILDEBRAND (128) |
| **Inspection No. / No de l'inspection :** | 2013_182128_0022 |
| **Log No. / Registre no:** | L-000527-13 |
| **Type of Inspection / Genre d'inspection:** | Other |
| **Report Date(s) / Date(s) du Rapport :** | Aug 15, 2013 |
| **Licensee / Titulaire de permis :** | Leamington Court Inc.<br>1 Henry Avenue, LEAMINGTON, ON, N8H-5P1 |
| **LTC Home / Foyer de SLD :** | LEAMINGTON COURT RETIREMENT RESIDENCE<br>1 Henry Avenue, LEAMINGTON, ON, N8H-5P1 |
| **Name of Administrator / Nom de l'administratrice ou de l'administrateur :** | Pat Best |

To Leamington Court Inc., 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**

**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

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**Order # / Ordre no :** 001

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s. 8 (1)(b) to ensure that policies are complied with.

The plan must include the following:
Please review the menu to ensure that glass sizes used in the home meet the menu requirements.
The food and fluid policy must be revised to reflect the actual glass sizes utilized in the home and reflect the portion sizes noted on the menu.
The legend on the food and fluid intake form must be revised to ensure that it reflects portion sizes utilized in the home.
The system to monitor and evaluate food and fluid intake of residents with identified risks related to nutrition and hydration must be reviewed to ensure that food intake is also evaluated.
Education must be provided to staff, including registered nursing staff, to ensure that all staff are aware of the revised policies, food and fluid intake forms and glass sizes.

Please submit the plan in writing to Ruth Hildebrand, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON N6B 1R8, by email, at ruth.hildebrand@ontario.ca, by September 6, 2013.

**Grounds / Motifs :**

1. A Written Notification and Voluntary Plan of Correction were issued related to policies not being followed in July 2013 and two previous Written Notifications were issued in May 2013. (128)

2. Policy # NHS-X-16, entitled Daily Food and Fluid Intake Record, dated February 2007 was not complied with. The policy states that glasses, tea/coffee mugs and soup bowls are all to be recorded as 125mls. However, the home uses at least 7 glass/cup/bowl sizes and only one of them holds 125mls.
The food and fluid documentation form directions do not match the glass/cup sizes utilized in the home.
It is noted that the glass sizes do not match the menu nor the food and fluid intake records. Examples include:
Small clear glasses used for juice are documented as containing 75ml. However, the menu requires that the juice serving be 125mls.
The Daily Food and Fluid Intake Record sheets state "big glasses = 2". PSW staff reported that the large glasses are only 175 mls which does not equate to 250 mls as per what is being documented.
The Nutrition Manager acknowledged that it should be 1.5 not 2.
Education was reported to have been provided to staff in July 2013 related to food and fluid documentation post a complaint inspection conducted by the Ministry.

The Corporate Dietary Consultant acknowledged that the education provided to staff does not coincide with the directions on the Food and Fluid Intake Record sheets. He also agreed that the glass sizes do not match the menu. He acknowledged that he was aware that everything didn't line up and they needed to do more work in this area.

3. Policy # NHS-X-16, entitled Daily Food and Fluid Intake Record was also noted to not be in compliance in terms of referrals to the Registered Dietitian (RD). The policy states "Registered staff will complete Dietary Referral progress note to the Food Service Department for follow up". The Daily Food and Fluid Intake Record sheets state "if total number "8" or less than "8" for three consecutive days, refer to the Registered Dietitian".
The 8 servings of fluid would identify hydration risk starting at consumption of 1000mls or less fluid per day.

There are no guidelines provided to staff to initiate a referral to the RD when residents' food intakes have been inadequate.

Food and fluid intake records were reviewed and it was noted that 12 residents had intakes of less than 1000 ml fluid per day. Eight of the 12 residents(75%) were noted to be at hydration risk, without a referral being sent to the RD including the following residents:
One resident – average intake for 4 days was 969 mls;
One resident – average intake for 4 days was 890 mls;
One resident – average intake for 3 days was 875 mls;
One resident – average intake for 7 days was 763 mls;
One resident – average intake for 3 days was 645 mls;
One resident – average intake for 7 days was 643 mls;
One resident – average intake for 7 days was 437 mls;
One resident – average intake for 7 days was 473mls.

The Corporate Dietary Consultant and the Administrator/Director of Care both confirmed that referrals should have been made to the Registered Dietitian for these residents.
The Administrator/Director of Care confirmed that all Registered Nursing staff received education in the month of July 2013 related to when a referral needed to be sent to the Registered Dietitian.
(128)

**This order must be complied with by /**
**Vous devez vous conformer à cet ordre d'ici le :** Oct 15, 2013

## REVIEW/APPEAL 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 Coordinator
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 Coordinator
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.

## 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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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.

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

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, 9e 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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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 15th day of August, 2013**

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

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

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