



**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
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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
Jan 23, 24, 25, 27, Feb 2, 15, 2012	2012_066107_0002	Complaint

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRAMPTON WOODS
9257 Goreway Drive, BRAMPTON, ON, L6P-0N5

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Food Services Manager, front line dietary and nursing staff on the first floor, and residents on one floor.

During the course of the inspection, the inspector(s) Observed a lunch meal service and food production for the dinner meal, reviewed policies and procedures, and interviewed staff and residents.

Complaint inspection #H-002164-11, H-001660-11

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

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

Not all foods were prepared and served using methods which preserved taste, nutritive value, appearance and food quality at the supper meal January 23, 2012.

a) Not all recipes were followed by staff preparing the meal, resulting in changes to the nutritive value, appearance and food quality. Spices and seasonings identified in the recipes for snow peas and mushrooms, and glazed parsnips were omitted, resulting in reduced flavour and nutritive value of the foods. Staff preparing the pureed blueberry cake did not measure the amount of milk being added to the product. Too much milk was added and to rectify the problem staff added white bread to the product, resulting in changes in nutritive value and volume. Portion size would be effected due to the increase in volume, however, portion size was not adjusted to compensate.

Staff identified that the roasted potatoes recipe did not contain seasonings and prepared the item with additional seasonings, however, the recipe was not adjusted to ensure consistency between cooks preparing the meal and to ensure the recipe was standardized and that ingredients were identified.

b) Numerous recipes did not use methods which preserved taste, appearance and quality. Recipes for the pureed menus included the addition of water, which is not nutrient dense and flavourful (e.g. roast beef, roast chicken, pureed bread). Many recipes do not contain spices or seasonings (e.g. roast beef, roast chicken, PEI mixed vegetables, mashed potatoes, plain omelet, roasted potatoes).

Residents' Council meeting minutes identify lack of flavour in the mashed potatoes, and interviews with residents identified that foods were bland and lacked spices/flavour.

c) Foods were prepared and hot held too far in advance of meal service, which effects the nutritive value and quality of food items. The following items were placed into hot holding for the dinner meal (17:00 or 17:30):

veal at 15:06

parsnips at 15:04

mashed potatoes at 15:16

Minced and pureed vegetables at 15:25

Minced and pureed fish at 15:48 for the dinner meal.

Additional Required Actions:

IPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that 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, to be implemented voluntarily.

WN #2: 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 :

1. [O. Reg. 79/10, s. 73 (1) 6]

Food and fluids served at the lunch meal January 23, 2012, were not at a temperature that was both safe and palatable to residents in the first floor dining room. Several surveyed residents stated their hot entrees were cold or not hot enough.

Food temperatures measured at the beginning of the meal service were acceptable, however, temperatures measured at the end of meal service (just after the last resident received their meal) were low. The following temperatures were recorded:

Minced PEI vegetables 49.6 degrees Celsius

Minced pork 50.3 degrees Celsius

Mashed potatoes 58 degrees Celsius

Regular PEI vegetables 45.8 degrees Celsius

Pork roast 55.1 degrees Celsius

Pureed omelet 46.6 degrees Celsius

The Home's temperature monitoring records requires that entrees served to residents be a minimum of 60 degrees Celsius.

The Food Service Manager confirmed that food temperatures were low at the lunch meal January 23, 2012 in the first floor dining room.

During interview, residents stated that food is not consistently warm at meals.



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Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. [LTCHA, 2007, S.O. 2007, c.8, s. 57(2)]

When the Resident's Council had advised the licensee of concerns or recommendations under paragraph 6 of subsection (1), the licensee did not, within 10 days of receiving the advice, respond to the Residents' Council in writing. Concerns were voiced by residents at the September, October, November, December 2011, and January 2012, Resident's Council meetings, however, a written response from the Licensee was not provided to the Council. The same concern related to meal service was voiced in the meeting minutes September, October and November, 2011 and the same concern related to staffing was voiced in both December 2011 and January, 2012 without a response. Interview with residents who attended the Council meetings confirmed that a written response to their concerns was not provided to the Council. One resident interviewed stated they had stopped going to the meetings due to lack of response to concerns.

The Administrator and Director of Care confirmed that a written response was not currently being provided to the Council when concerns were identified.

Issued on this 15th day of February, 2012

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

Y. Wawner