



**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
Dec 13, 14, 15, 16, 21, 22, 29, 2011; Jan 3, 4, 6, 2012	2011_067171_0031	Follow up

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

MALTON VILLAGE LONG TERM CARE CENTRE
7075 Rexwood Road, MISSISSAUGA, ON, L4T-4M1

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

ELISA WILSON (171)

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, food services manager, food services team lead, cooks, dietary aides, registered dietitian, registered staff, personal support workers and residents.

During the course of the inspection, the inspector(s) observed two meal services, taste tested items on the dinner menu, checked food temperatures, reviewed menus, production sheets and recipes and reviewed four weeks records of menu substitutions. The inspector reviewed food committee meeting minutes and interviewed the residents' council president and twelve other residents regarding food quality. The inspector reviewed plans of care for eleven residents regarding nutrition care.

H-002461-11

The following Inspection Protocols were used during this inspection:

Food Quality

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES
Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 subsections:

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).

Findings/Faits saillants :

1. The licensee of the home did not ensure that the procedure for weight monitoring was complied with [O.Reg. 79/10, s.8(1)(b)].

The Monthly Weight Schedule - states " resident must be reweighed if there is a weight loss/gain of 2.2 kg or more from previous month. This must also be documented in the progress notes and communicated to the dietitian".

Three identified residents had a weight change documented of more than 2.2 kg, however there were no progress notes or consults to the dietitian for these three residents.

Four registered staff and the director of care confirmed the instructions on the Monthly Weight Schedule were expected to be followed.

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's policies, procedures and systems are complied with, to be implemented voluntarily.

WN #2: 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. (2) The food production system must, at a minimum, provide for,
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
 - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
 - (c) standardized recipes and production sheets for all menus;
 - (d) preparation of all menu items according to the planned menu;
 - (e) menu substitutions that are comparable to the planned menu;
 - (f) communication to residents and staff of any menu substitutions; and
 - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).
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Findings/Faits saillants :

1. The food production system did not provide for standardized recipes and production sheets for all items [O.Reg. 79/10, s.72(2)(c)].

a) The home's recipes were based on a conventional cooking system, however the home was using a cook/chill and rethermalization system. For example, the home was not using the recipes in the recipe book for hot vegetables which indicated to cook until tender. The actual process and cooking times varied per vegetable from blanching the day before use to sending the vegetables raw to the serveries to be rethermalized. The actual process used was not documented in the recipe book for hot vegetables. The cook and the food services manager confirmed the recipes in the book were not being used as they were standard conventional system recipes and did not match their current process.

b) The production sheet and menu for breakfast on December 14, 2011 indicated that the pureed diet would include pureed scrambled eggs. The regular scrambled eggs were being served to residents requiring a pureed diet in all dining rooms. The serving staff indicated that the pureed diet gets the same scrambled eggs as the others. The cook and food services manager indicated they use the same recipe for both pureed and regular diets, however staff should be whisking the eggs before service. The menu, production sheet and recipe indicate a different process than the one being used.

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 food production system includes standardized recipes, production sheets and menus, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

- s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date the complaint was received;
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
 - (d) the final resolution, if any;
 - (e) every date on which any response was provided to the complainant and a description of the response; and
 - (f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).
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Findings/Faits saillants :



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1. The licensee had not ensured that for every verbal complaint made the corresponding documentation was completed [O.Reg. 79/10, s.101(2)(c)(d)(e)].

The home has a food committee with minutes documenting complaints and suggestions from the residents regarding food and food service. A number of issues had documented action plans and statements of resolution in the minutes however some issues, such as hot vegetables being either too hard or too soft, did not. There was documentation of improvements made in the November, 2011 minutes regarding broccoli, however the action plans and resolution regarding asparagus (October and September, 2011), carrots (September 2011) and zucchini (September 2011) were not documented.

A documented record was not produced indicating; the type of action taken to resolve the concerns, including the date of the action, time frames for actions to be taken and any follow-up required; the final resolution; every date on which any response was provided to the complainant and a description of the response and any response made in turn by the complainant.

The food services manager was able to list a number of initiatives taken to try to resolve this particular issue, however there was no corresponding documentation with the details as required by this regulation.

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 all documentation required for dealing with complaints is completed and is kept in the home, to be implemented voluntarily.

Issued on this 11th day of January, 2012

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

Elisa Wilson