



**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**

**Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255**

**Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 18, 2013	2013_190159_0013	H-000041- 13	Complaint

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 16, 17, 18, 19, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director Of Care, Nutrition Manager, Director Of Recreation and Leisure, Registered Practical Nurses, Registered Nurses, dietary and nursing staff.

During the course of the inspection, the inspector(s) observed food production and lunch meal service, reviewed health records and plans of care for identified residents, reviewed policies and procedures related to documentation of food and fluid intake.

The following Inspection Protocols were used during this inspection:

Dining Observation

Nutrition and Hydration

Recreation and Social Activities

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. Resident #002, 006, 007, 008, #009 were not offered individualized menu items indicated on the dining report and the plan of care.

The dining report identified resident#002 to receive a sandwich for lunch if resident did not consume regular meal served. On April 16, 2013 the regular lunch meal served to the resident but was refused by the resident. Resident was not offered and served a sandwich specified on the dining report and the plan of care.

The dining report and the plan of care for resident #006 identified staff to offer resident second portions. On April 17, 2013, the resident was served regular portions for lunch and was fed by a Personal Support Worker (PSW), the staff did not offer second portions. [s. 6. (7)]

2. The plan of care for Resident#009 specified that if resident refuse meal, serve peanut butter and a banana sandwich. Resident received beef biscuit bake and green beans for lunch. Resident refused the meal, the staff did not serve peanut butter and banana sandwich. [s. 6. (7)]

3. The plan of care for resident#008 specified to provide one and a half portions of protein servings for all meals. On April 17, 2013 the resident was served regular portion of pureed entrée by dietary staff and was fed by a personal support worker. The resident did not receive specified portions of protein for lunch as indicated on the dining report and the plan of care. [s. 6. (7)]

4. On April 17, 2013, Resident#007 was identified on the dietary dining report to receive reducing diet, minced texture. The resident was served minced turkey, pickle beets, minced regular potato salad. Menu for reducing minced texture diet specified low sodium minced turkey, reduced calorie low fat potatoe salad, and minced pickle beets. The resident was served minced regular potato salad. The dietary staff interview confirmed that the reduced calorie low fat potato salad was not prepared and available for reducing minced texture diet. [s. 6. (7)]



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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 to ensure that the care set out in the plan of care is provided to the resident as specified in the plan of care, to be implemented voluntarily.

WN #2: 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 did not ensure that any plan, policy, protocol, procedure, strategy or system implemented was complied with in relation to the following:

a)The home's policy LTC-09-05.06.03 Dining Responsibilities-Personal Support Worker (psw):#k, indicated: Document the amount of food and fluid consumed on the electronic health record point of care software (POC). Document amount of consumed for meal intake. Document Fluid intake according to the units of fluid consumed: 1=125ml, 2= 250ml, 3=375ml, 5=625ml, 6=750ml. On April 16, 2013 Resident#001 was served 474ml milk shake for lunch. The documentation in the point of care indicated resident consumed 750 ml milk shake. Interviewed Registered Dietitian and the review of health record confirmed that resident is on a planned liquid diet which specified to provide 474 ml milk shake for lunch and dinner. The fluid intake recorded in the electronic health record (POC) was incorrect and did not reflect the amount of milk shake received and consumed by the resident.

b)The home's policy LTC9-05.06.08 Nutritional supplements- #8, indicated: The Registered Nursing staff/designate dispenses the nutritional supplement as ordered and documents appropriately on the MARS. On April 17, 2013, during the 1200 hour medication pass, the inspector observed the medication nurse placed the nutritional supplement (Resource 2.O) on the dining table in front of Resident #005. The nurse returned to the medication cart without observing that resident had consumed the supplement. At approximately 1315 hour a Personal Support Worker (PSW) was observed clearing the table, removed the nutritional supplement which was not consumed by the resident. The Medical Administration Record (MAR) indicated that the resident consumed the nutritional supplement. Interview registered staff member confirmed that it was signed on the medical administration record (MAR) the nutritional supplement was administered without observing that resident had consumed the nutritional supplement. [s 8.(1)(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 any policy, protocol, procedure, strategy or system implemented is complied with, to be implemented voluntarily.



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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:

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:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :



1. On April 16, 2013 at 1240 hours a registered staff was observed assisting resident #009 with eating. The resident had head leaned side way (left side) did not have eye contact with staff person providing assistance with eating.

On April 16, 2013, Resident#004 was observed brought to the dining room and served lunch meal at 1325 hours. Resident was noted sitting at the dining table with head down, leaning forward, and not positioned close to table. Resident was observed making effort to eat independently but was having difficulty reaching the food on the table and split most of the soup. The Personal Support Worker(PSW)and the Registered Nurse interview confirmed that the resident was not properly positioned. [s. 73. (1) 10.]

2. During the meal service observations on April 16, 2013, Resident#002,#003,#004 who required assistance were served food but staff was not available to provide assistance with eating.

On April 16, 2013 Resident#004 was observed 1235 hours in Morning Star dining room had head down and eyes closed and a bowl of soup placed infront of him. Resident sat with no assistance for approximately 40 minutes and then was taken out of the dining room without being fed. Interview registered nurse confirmed that staff was not available to provide assistance.

Resident #002 was observed served meal and not eating, staff was not available to provide encouragement or assistance resident required. Resident only consumed a glass of apple juice at lunch. [s 73.(2)(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 the home has a dining program and snack service that includes proper techniques to assist residents with eating, including positioning of residents who require assistance. No resident who requires assistance with eating or drinking is served meal until some one is available to provide the assistance required by the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



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Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. Resident # 001 participation in recreational and social activities program was not documented in the home's monthly participation report for the month of February, March and April, 2013. The plan of care for the resident identified Offer 1:1 activity program directed toward specific interests/needs of resident, such as sing along, hand massage, listening soft music. The plan of care stated that the resident will participate in 1:1 activities. Staff interview confirmed resident participation in 1:1 activities had not been recorded. [s. 30. (2)]

Issued on this 21st day of June, 2013

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

ASL Selgel