Ontario

Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 17-18, 2010	2010_171_2685_17Nov102757	Follow-up, Dietary L-01741

Licensee/Titulaire

Meadow Park (Chatham) Inc., 689 Yonge Street, Midland, ON, L4R 2E1

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

Meadow Park Nursing Home, 110 Sandys Street, Chatham, ON, N7L 4X3

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

Elisa Wilson, LTC Homes Inspector, Dietary (#171)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection related to previously identified unmet standards and criteria from the Program Manual that applied when the Home was governed by the Nursing Homes Act.

Dietary Follow-up inspection conducted in February 2010
B3.30 – nutrition
O3.1 – housekeeping service
P1.8 – planned alternate items available
P1.24 – pleasurable dining

Complaint Inspection conducted in February 2010
P1.16 – meal service

During the course of the inspection, the inspector spoke with: the administrator, RAI coordinator, food service supervisor, registered dietitian, registered staff, building services supervisor, health care staff, kitchen staff and residents.

The inspector observed lunch and dinner service on November 17, 2010 and taste tested all pureed items at each meal. The inspector examined the exhaust hoods and fans in the kitchen and the ceiling vents in the dining rooms. Policies on food and fluid intake, resident weights and clinical documentation were requested and reviewed. The inspector reviewed three clinical charts and point of care documentation.

The following Inspection Protocols were used during this inspection:
Dining Observation
Food Quality
Nutrition and Hydration

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15(2)(a). Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

Findings:

1. There was a large build-up of dust and dirt on the three exhaust hoods in the main kitchen as well as the fan and the ceiling in the dishwashing area.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, 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.

Findings:

1. The last documented nutrition assessment for Resident #1 by the Food Service Supervisor was April 23, 2010. The nutrition Resident Assessment Protocol (RAP) for July 2010 was completed by an RPN and did not include an assessment. The Nutrition RAP for October 2010 was completed November 3, 2010 by an RN and did not include a full nutrition assessment. There has not been a nutrition assessment documented in seven months for this resident.

2. The last nutrition assessment for Resident #2 was May 11, 2010 by the Food Service Supervisor. The Nutrition RAP in September 2010 was completed by an RPN and did not include a nutrition assessment. There has not been a nutrition assessment documented in six months for this resident.

3. The initial nutrition assessment on August 4, 2010 for Resident #3 indicates that this high nutrition risk resident would be reviewed monthly. A reassessment has not been documented since that time. The nutrition section of the RAP due on November 6, 2010 has not been completed as of November 18, 2010.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s. 69.1. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.

Findings:

1. Resident #3 had a significant weight increase of 5% in one month (from 71.5 kg to 75.2 kg between October and November 2010); however the food and fluid intake documentation for this resident indicates a significant decline in intake. There is no documented assessment of this weight increase in the resident's plan of care.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(b). 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,
(b) is complied with.

Findings:

1. The Home has a policy entitled "Refusal to Eat/Non-Compliance to Diet" that indicates a dietitian referral is required for residents who refuse to eat. The food and fluid records for Resident #3 indicate she has refused her lunch meal 8 times in August, 2010, 13 times in September, 2010 and 23 times in October 2010, however there is no documented dietitian referral or documented assessment by the dietitian.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.30, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 73(1)(6).			Dietary Follow-up February 2010	128
P1.8, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 71 (1)(c) .			Dietary Follow-up February 2010	128
P1.24, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 73 (1)(11).			Dietary Follow-up February 2010	128
P1.16, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 71 (3)(a).			Complaint February 2010	115

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: Date:	Date of Report: (if different from date(s) of inspection). 22 Nov 2010