



**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**

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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
OCT 3 05 Oct 2, 4, 19, 21, 2011	2011_057163_0016	Complaint
Licensee/Titulaire de permis		
913096 ONTARIO LIMITED 1202 Highway 94, R.R. #1, Corbeil, ON, P0H-1K0		
Long-Term Care Home/Foyer de soins de longue durée		
NIPISSING MANOR NURSING CARE CENTER 1202 Highway 94, Box 40, Corbeil, ON, P0H-1K0		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
DIANA STENLUND (163)		

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 (DOC), registered dietitian (RD), dietary aides, registered nursing staff, personal support workers (PSWs), and maintenance staff.

During the course of the inspection, the inspector(s) walked about the resident home areas on the North and East wings on 1st floor. The inspector reviewed health care documentation, the food and fluid recording and evaluating system, policies and procedures, and maintenance records for the ventilation system.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
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. 68. Nutrition care and hydration programs
Specifically failed to comply with the following subsections:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;
(b) the identification of any risks related to nutrition care and dietary services and hydration;
(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure there is a system to evaluate the fluid intake of residents with identified risks related to hydration:

The inspector interviewed the RD on October 3/11. It was reported there is inconsistency as to the criteria that staff use to refer residents to the RD for hydration issues.

On October 3/11, the inspector reviewed the nutrition and hydration records of 6 residents in the main dining room identified at high nutritional risk. None of the records for the 6 identified residents contained individual fluid requirements to allow staff to evaluate whether these residents' intakes are meeting their daily fluid requirements. In addition, as verified by the RD and DOC on October 3/11, several residents' daily fluid intake totals in the binders were incorrectly added, therefore making it difficult to evaluate hydration status.[s.68(2)(d)]

2. The inspector reviewed the home's "Hydration Management" policy on Oct 3/11. The policy does not address the evaluation of fluid intakes of residents with identified risks related to hydration. The inspector brought this to the attention of the DOC who verified that the home's "Hydration Management" policy does not address the evaluation of individual fluid intakes of residents with identified risks related to hydration status. The licensee has failed to ensure there is a system to evaluate the fluid intake of residents with identified risks related to hydration.[s.68(2)(d)]

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 there is a system for evaluating the fluid intake of residents with identified risks related to hydration, to be implemented voluntarily.



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Issued on this 21st day of October, 2011

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

Diana Fendler