



**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
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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
Oct 24, 25, 26, 27, Nov 3, 8, Dec 1, 2, 2011	2011_067171_0026	Complaint

Licensee/Titulaire de permis

MARYBAN HOLDINGS LTD
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

OAKWOOD PARK LODGE
6747 OAKWOOD DRIVE, NIAGARA FALLS, ON, L2E-6S5

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

ELISA WILSON (171), GILLIAN HUNTER (130)

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, Registered Staff, Personal Support Workers, Dietary Aides, and residents.

During the course of the inspection, the inspector(s) observed two meal services, reviewed nutrition care policies, reviewed weight tracking records and the plans of care for identified residents.

H-001917-11

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dining Observation

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

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

Specifically failed to comply with the following subsections:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The plan of care does not set out clear direction for staff regarding a resident's dietary requirements. [LTCHA, 2007 S.O.2007, c.8, s.6(1)c]

There were inconsistencies noted in the documentation regarding the resident's diet in various areas; the registered dietitians progress note, the physician's order sheet, the plan of care - nutrition section and the diet sheet.

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 clear direction is provided to staff and others who provide direct care to the resident, 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 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 has not ensured that the following programs and policies were complied with. [O.Reg. 79/10, s.8(1)(b)]

a) The Nutrition Assessment and Risk Identification policy, as required by section 11 of the Act, indicated that "the nutrition risk level is reassessed by the dietitian whenever there is any change in the resident's health status and the Nutrition Care Plan is adjusted as required". The dietitian did an assessment for a resident. The recommendations from the assessment included adding specific supplements at meal times, however this information was not updated in the nutrition section of the plan of care, in the physician's order section of the resident's chart or on the diet sheets used by the serving staff. This missing documentation was confirmed by the food services manager.

b) The licensee has not ensured that the Home's Weight Change Policy (CN-W-04-1), as required under section 69 of the Ontario Regulation 79/10, was complied with.

The policy indicated that any resident with a significant weight change in one month of 5% body weight would be reweighed by nursing staff as soon as possible and if there was a significant weight change the food services manager and registered dietitian would be notified to intervene.

i) A resident had a significant weight change of 7% in one month. There was no documented reweigh in the weight tracking binder. There were no referrals made to the food services manager or registered dietitian for this weight change, as confirmed by the food services manager.

ii) Another resident had a significant weight change of 6% in one month and 9% in another month. There were no documented reweighs for either of these instances in the weight tracking binder. There were no referrals made to the food services manager or registered dietitian for these instances, as confirmed by the food services manager.

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 plan, policy or procedure that the licensee has put into place where the Act or Regulations requires has been complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

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.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee has not ensured that residents with a weight change of 5% body weight or more over one month are being assessed using an interdisciplinary approach, and that actions are taken and outcomes evaluated. [O.Reg. 79/10, s.69.1]

a) One resident was recorded as having a weight change of 7% in one month. There were no assessments documented or referrals to the dietitian noted regarding this weight change. The food services manager confirmed that a referral was not made for this resident's weight change.

b) Another resident had a 6% weight change one month and a 9% change in another month. There were no assessments documented or referrals to the dietitian noted regarding either of these weight changes. The food services manager confirmed that a referral was not made for this resident's weight changes.

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 resident weight changes of 5% or more in one month are assessed using an interdisciplinary approach, to be implemented voluntarily.

**WN #4: 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. (2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
(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. The licensee had not ensured that residents who require assistance with eating and drinking were only served a meal when someone was available to provide the assistance. [O.Reg. 79/10, s.73(2)(b)]

At an identified dinner meal three residents were served their hot meals at 1700h. All three residents required assistance to eat their meals. There were no staff available to assist at the time the meal was served. Staff were available to help one resident at 1706h and the other two residents at 1715h.

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements
Specifically failed to comply with the following subsections:**

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. The licensee has not ensured that any activities taken with respect to a resident regarding the nutrition care program, including assessments and reassessments are documented. [O.Reg. 79/10, s.30(2)]

Two residents were put on new diets, as a trial, on an unknown date according to the diet sheets used by staff serving meals. There were no documented assessments in the plan of care regarding these changes in diet, including reasons for the changes, when they would start, how long the trials would last or who would be evaluating the outcomes. The food services manager confirmed the missing assessment documentation for both residents on October 25, 2011.

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 activities taken with respect to a resident under a program, including assessments and reassessments, are documented, to be implemented voluntarily.



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prévus le Loi de 2007 les
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Issued on this 29th day of December, 2011

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

Elena Wilson