



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

**Rapport d'inspection
prévus 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

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**Ministère de la Santé et des Soins de
longue durée**

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☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/ Date de l'inspection August 18, 19, 20, 2010	Inspection No/ d'inspection 2010_159_9562_17 Aug145544	Type of Inspection/Genre d'inspection Dietary Follow Up H-01542	
Licensee/Titulaire The Regional Municipality Of Peel 10 Peel Centre Drive, Brampton, ON, L6T 4B9			
Long-Term Care Home/Foyer de soins de longue durée Peel Manor 525 Main Street North Brampton, ON, L6X 1N9			
Name of Inspector Asha Sehgal # 159			
Inspection Summary/Sommaire d'inspection			



The purpose of this inspection was to conduct a follow up inspection in respect of the following previously identified non-compliance:

May 22, 2008- B3.23 LTCHA, 2007, c. 8, s. 6(7) O.Reg.79/10, s. 24 (6)
May 22, 2008 P1.14 O.Reg. 79/10, s. 72 (1) (c)
May 22, 2008 P1.27 LTCHA 2007, c. 8, s. 6 (1) (c) 6 (7) O.Reg.79/10, s. 26 (4) (a) (b)
July 15, 2009 P. 13 O.Reg. 79/10, s. 73 (1) 6
July 15, 2009 P1.36 O.Reg. 79/10, s. 75 (3)
July 15, 2009 P1.37 O.Reg. 79/10, s. 75 (2)

During the course of the inspection, the inspector spoke with: The Director of care, RAI Co-ordinator, Food Service Supervisor, Dietary Aides, nursing staff (RN, RPN, PSW), Residents

During the course of the inspection, the inspector:

Reviewed health care records, observed meal service, observed care, observed staff in routine duties.

The following Inspection Protocols were used in part or in whole during this inspection:

Nutrition and Hydration

Dining Observation

Food Quality

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

[8] WN

[8] VPC

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

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avs 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. 11 (2)
Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.

Findings:

On August 19, 2010 the lunch meal served to an identified only consisted of mashed potatoes with gravy. The lunch meal served to the resident was not adequate in quantity and nutritious as it lacked protein and vegetable servings. The planned lunch menu for the day was minestrone soup, grilled chicken, Caesar salad, wheat roll, and frozen blueberries. An alternate menu was tuna melt, tomato cucumber salad and strawberry yogurt. The resident was unable to eat the planned menu due to swallowing and chewing difficulties. Staff did not serve or offer the resident an appropriate menu substitution. The plan of care had identified resident at high nutritional risk due to chewing and swallowing difficulties and multiple open areas.

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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA 2007, S. O 2007, c. 8, s. 6 (1) (c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

Quarterly assessment for an identified was completed by the Registered Dietitian June 14, 2010. The nutrition assessment screening tool placed the resident at high nutrition risk for poor fluid intake. There were no interventions identified to provide staff with clear directions for management of risk for dehydration. The only intervention on the plan of care was "staff to encourage resident to drink".

A review of the health record confirmed due to decreased in fluid intake and change in hydration status the resident had received Hypodermoclysis therapy.

The resident's plan of care did not include hydration interventions for example protocols for keeping resident adequately hydrated and the risk factors affecting resident's hydration status.

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Additional Required Action: [

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN # 3: The Licensee has failed to comply with LTCHA 2007, S. O 2007, c. 8, s. 6(10) (b) (c)
The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan of care has not been effective.

Findings:

1. The plan for an identified resident had not been revised to reflect the current status of needing assistance with eating. The Minimum Data Set, Resident Assessment Instrument 2.0 (MDS RAI 2.0) Quarterly Assessment of this resident completed June 30, 2010 had identified that the resident has impaired ability to feed herself under the coded section G1Ah-0. Where as the Registered Dietitian had written on the plan of care that the resident remains independent with eating. On August 19, 2010, the resident was observed eating lunch meal independently with no assistance.
2. The plan of care for identified resident was not reviewed and revised when care set out was not effective. The resident has had experienced ongoing constipation problem without revision to or an evaluation of the dietary interventions.
3. An identified resident's care needs for hydration, swallowing, and poor oral intakes were not reassessed and the plan of care revised. There was no supportive documentation in the resident's health record to support that different nutrition and hydration interventions/approaches were taken to address significant changes in resident's health status for example dehydration, poor oral intake and swallowing problem.

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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary; or care set out in the plan of care has not been effective, to be implemented voluntarily.

WN # 4 : The Licensee has failed to comply with LTCHA 2007, S. O 2007, c. 8, 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.

Findings:

- 1 On August 19th 2010, at 1320 hour, noon meal, a resident received protein powder supplement mixed with mashed potatoes instead of mixed with the soup. The resident did not consume the mashed potatoes or the protein powder. The protein powder supplement was not given to the resident as specified in the plan and the doctor's order.
- 2 An identified resident received at the noon meal 60 ml nutritional supplement Resource 2.0 of regular consistency. The plan of care had identified the resident at high nutritional risk for swallowing concerns and directed to provide nectar consistency fluids. The attending physician had ordered for nectar consistency fluids. The resident did not receive nutritional supplement of correct consistency.
- 3 On August 18, 2010, at noon meal an identified resident was served only one 175 ml pudding consistency, thickened, apple juice. The plan of care called for 2x175 ml thickened apple juice at each meal. The diet report used by nursing and dietary staff for resident specific diet, food likes and dislikes, and special dietary needs was not followed.

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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN # 5 : The Licensee has failed to comply O.Reg. 79/10, s. 26(3) 13, 14

26(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

- 13 Nutritional status, including height, weight and any risks relating to nutrition care.**
- 14 Hydration status and any risks relating to hydration.**

Findings:

- 1 The plan of Care of an identified resident was not based on an interdisciplinary assessment of the resident's nutritional status. Resident's weight loss 2 kg, was not communicated to the dietitian. There was no update in the problem statement for weight loss. The plan of care was not updated for abnormal lab values, dehydration, and decrease in oral intake.
- 2 The plan of care of an identified resident was not updated to identify swallowing problems. There was no update in the problem statement by nursing or dietary, specific to interventions for dehydration and decline in oral intake.

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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Nutritional status, including height, weight and any risks relating to nutrition care, to be implemented voluntarily.

WN # 6 : The Licensee has failed to comply with O. Reg. 79/10, s. 26(4) (a) (b)

- (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
 - (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and**
 - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).**

Findings:

- 1 The Registered Dietitian did not complete a nutrition assessment for an identified resident in relation to the resident's change in oral intake and hydration deficit. The resident was documented as having multiple open areas, a stage 3 open area, an unstageable ulcer, and stage 2 ulcer. The Nutrition Quarterly assessment completed by the Registered Dietitian on June 30, 2010 had identified this resident having difficulties for chewing and swallowing and identified the resident at risk. There was no supportive documentation that the resident had assessment for chewing/swallowing difficulties.
- 2 The Registered Dietitian did not reassess an identified resident in relation to chronic constipation. The problem was identified in the quarterly assessment completed on June 30, 2010. The nutritional interventions being ineffective have not been reassessed. The current nutrition intervention of 125 ml thickened prune juice at the breakfast meal has been ineffective in reducing the resident's level of constipation as evidenced by use of laxatives and /or suppositories daily.
- 3 Nutritional assessment of an identified resident completed by Registered Dietitian June 14, 2010 is not reflective of an assessment and evaluation. "Nutrition Assessment -2 trigger list" completed by the Registered Dietitian had identified the resident as stable for swallowing yet in the progress notes the dietitian stated "resident was unable to swallow as per nursing notes". There was no supportive documentation to indicate that the resident was reassessed for swallowing problem.
- 4 Quarterly assessment(RAI-MDS) summary documented "Trigger listing and Resident Assessment Protocols (RAPs)" dated June 14, 2010, for an identified resident did not have an assessment and evaluation of identified problems related to abnormal lab values, swallowing, poor food and fluid intake, and constipation.
- 5 In the Quarterly review, dated January 22, 2010, the attending physician had ordered push fluids for an identified resident due to decrease in hydration status. It was noted that the order for push fluids was not included in the plan of care and was not carried over into the following Quarterly Medication Review. There was no note that the order for push fluids was discontinued.

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Additional Required Action:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

WN # 7 : The Licensee has failed to comply with O. Reg. 79/ 10, s.72(3)(a)

The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, preserve taste, nutritive value, appearance and food quality

Findings:

The current method of food preparation, specifically, early production and holding food too long before the service compromises taste, nutritive value, appearance and food quality. On August 18, 2010, at 1420 hour during the tour of the kitchen it was noted that the minced and pureed foods were prepared in advance and held too long (over 3 hours) to be served for the supper meal at 1700 hour.

Inspector ID #:	159
Additional Required Action:	
VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, c.8, s.152 (2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that all food and fluids in the food production system are prepared, stored, and served using methods to, preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.	

WN # 8 : The Licensee has failed to comply with O.Reg. 79/10, s. 73(1) 6 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 element: 6. Food and fluids being served at a temperature that is both safe and palatable to the residents	
Findings: The hot foods of regular texture and pureed grilled cheese sandwiches served to residents at the lunch meal on August 19, 2010, were recorded at 29 degree Celsius which is not palatable.	
Inspector ID #:	159
Additional Required Action:	
VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, c.8, s.152 (2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring that the home has a dining and snack service that includes, food and fluids being served at a temperature that is both safe and palatable to the residents, to be implemented voluntarily.	

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O.Reg. 79/10, LTCHA, 2007, s. 75 (2) previously issued as P1.37			7/15/2009	159
O.Reg. 79/10, LTCHA 2007, s. 75 (3) previously issued as P1.36			7/15/2009	159
O.Reg.79/10, LTCHA 2007, s. 72 (1) (2) (c) previously issued as P1.14			5/22/2008	159

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). ASL Selgus Feb 17 th 2011