

**Ministry of Health
and Long-Term Care**

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
Facsimile: 613-569-9670

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

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
Télécopieur: 613-569-9670



November 17, 2010

Mr. Carl Balcom
Administrator
Residence Saint Louis
879 Chemin Parc Hiawatha
Ottawa ON K1C 2Z6

Dear Mr. Balcom:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on September 1 to 3, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A handwritten signature in cursive script, appearing to read "Amanda Nixon".

Amanda Nixon

LTC Home Inspector – Dietary

c President, Resident's Council
President, Family Council



**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***

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☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection September 1, 2 and 3 2010	Inspection No/ d'inspection 2010_148_8567_01Sep075229	Type of Inspection/Genre d'inspection Follow up Log # O-001425
Licensee/Titulaire Bruyere Continuing Care Inc., 43 Bruyere Street Ottawa Ontario K1N 5C8 Phone 613-562-6262 Fax 613-562-6367		
Long-Term Care Home/Foyer de soins de longue durée Residence Saint- Louis, 879 Hiawatha Park Road, Ottawa K1C 2Z6 Phone 613-824-1720 Fax 613-824-8064		
Name of Inspector(s)/Nom de l'inspecteur(s) Amanda Nixon (ID#148)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a follow up inspection of previously identified issues related to the monitoring of body weight changes, issued May 2010 under the Charitable Institutions Act Section 9.16. These issues were mapped to O.Reg 79/10 68(2)(e)(i). In addition, an inspection was conducted of previously identified issues related to menu development issued June 2009 and April 2010, under the Long Term Care Program Manual Criterion P1.27. These issues were mapped to O.Reg 71 (1) (a-c) and 71 (4).

During the course of the inspection, the inspector spoke with members of the management team including the Director of Programs, both Directors of Care, the Director of Nutritional Services and a Food Service Supervisor as well as the dietary aid providing meal service September 2, on 1C, the Registered Nurse and Registered Practical Nurse responsible for care September 2 on 1C and residents on the 1C unit.

During the course of the inspection, the inspector reviewed documentation on 1C related to the weight monitoring system, nursing care committee meeting minutes from July 27 and July 28, 2010 and a memorandum of June 29 2010, related to the weight monitoring protocol, all resident health records on 1C as they relate to the monitoring and assessment of body weights, the home's current menu cycle for meals and snacks, resident menu revision meeting minutes from March 2010 and observed the breakfast meal service September 2, on 1C.

The following Inspection Protocol was used during this inspection: Food Quality Inspection Protocol

At the time of this inspection the home was noted to be in compliance with O. Reg 71 (1) (a), (b) and (c).

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

3 WN
2 CO: CO # 001, #002

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 O. Reg. 79/10, s. 69

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. The body weight of an identified resident was 55.8 kgs July 9th 2010. The resident's body weight August 11th 2010 was 50.1 kgs, indicating a weight loss of 11% over one month.
2. The resident's weight loss was not identified or assessed by a staff member, as of September 2, 2010.
3. The Registered Practical Nurse on 1C, responsible for care on September 2, was not aware that the resident had a weight loss in August.

Inspector ID #: 148

WN #2: The Licensee has failed to comply with O. Reg.79/10, s. 71

(4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Findings:

1. Two identified residents, both identified by the home as high nutritional risk, were provided only hot cereal and fluids at the breakfast meal, September 2, 2010. Bread, egg, fruit and yogurt were not offered as per the planned breakfast menu.
2. The home's planned menu indicated that residents are to be offered juice, milk and water at all meals. Milk was not offered at the breakfast meal on the 1C unit, September 2, 2010.
3. The home's planned nourishment menu indicated that residents are to be offered milk at the afternoon nourishment pass. Milk was not offered at the afternoon nourishment pass on the 1C unit, September 2, 2010.
4. The home's planned menu for breakfast indicated that residents are to be offered yogurt. Yogurt was not offered to all residents as the breakfast meal on the 1C unit, September 2, 2010.

Inspector ID #: 148

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, 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 all applicable requirements under the Act; and
- (b) is complied with.

Findings:

1. O.Reg 79/10, s.68 (1)(e), requires the licensee to ensure there is a weight monitoring system to measure and record resident body weights monthly. O.Reg 79/10, s. 69, requires the licensee to ensure that resident body weights are assessed for changes of 5% over 1 month, 7.5% over 3 months and 10% over 6 months.
2. Nicole McEachern, Director of Care reported that the protocol was to have all resident body weights measured and documented monthly on the resident's Vital Signs and Weight form. A memorandum of June 29, 2010 and nursing care committee meeting minutes of June 28 and July 27, 2010 also state that resident weights are to be documented on the Vital Signs and Weight form.
3. Three identified did not have a weight documented for July 2010, on the Vital Signs and Weight form.
4. Six identified residents did not have a weight documented for August 2010, on the Vital Signs and Weight form.
5. Nicole McEachern reported that there is no protocol in place to ensure that for every month, three and six month weight changes are monitored, in accordance with O.Reg 79/10 s. 69.

Inspector ID #: 148

Additional Required Actions:
CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

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).	

**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
Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Name of Inspector:	Amanda Nixon	Inspector ID # 148
Log #:	O-001425	
Inspection Report #:	2010_148_8567_01Sep075229	
Type of Inspection:	Follow up	
Date of Inspection:	September 1, 2 and 3 2010	
Licensee:	Bruyère Continuing Care Inc., 43 Bruyere Street Ottawa Ontario K1N 5C8 Phone 613-562-6262 Fax 613-562-6367	
LTC Home:	Residence Saint- Louis, 879 Hiawatha Park Road, Ottawa K1C 2Z6 Phone 613-824-1720 Fax 613-824-8064	
Name of Administrator:	Carl Balcom	

To Bruyère Continuing Care Inc., you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg.79/10, s. 71 (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.			
Order: The licensee shall offer the planned menu items to all residents at each meal and snack.			
Grounds: 1. Two identified residents, both identified by the home as high nutritional risk, were provided only hot cereal and fluids at the breakfast meal, September 2, 2010. Bread, egg, fruit and yogurt were not offered as per the planned breakfast menu.			

2. The home's planned menu indicated that residents are to be offered juice, milk and water at all meals. Milk was not offered at the breakfast meal on the 1C unit, September 2, 2010.
3. The home's planned nourishment menu indicated that residents are to be offered milk at the afternoon nourishment pass. Milk was not offered at the afternoon nourishment pass on the 1C unit, September 2, 2010.
4. The home's planned menu for breakfast indicated that residents are to be offered yogurt. Yogurt was not offered to all residents as the breakfast meal on the 1C unit, September 2, 2010.

This order must be complied with by: October 15, 2010

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
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Pursuant to:

O. Reg. 79/10, 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 all applicable requirements under the Act; and
- (b) is complied with.

Order:

The licensee shall implement a process to ensure that all resident body weights are monitored for changes as required by O.Reg 79/10, s. 68(1)(e) and s. 69.

Grounds:

1. O.Reg 79/10, s.68 (1)(e), requires the licensee to ensure there is a weight monitoring system to measure and record resident body weights monthly. O.Reg 79/10, s. 69, requires the licensee to ensure that resident body weights are assessed for changes of 5% over 1 month, 7.5% over 3 months and 10% over 6 months.
2. Nicole McEachern reported that there is no protocol in place to ensure that for every month, three and six month weight changes are monitored, in accordance with O.Reg 79/10 s. 69.

This order must be complied with by: November 8, 2010

**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
Direction de l'amélioration de la performance et de la conformité

REVIEW/APEAL INFORMATION**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 6 th day of October, 2010.	
Signature of Inspector:	
Name of Inspector:	Amanda Nixon
Service Area Office:	Ottawa