

**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
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January 10, 2011

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 December 14 and 15, 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
prévus le *Loi de 2007
les foyers de 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 December 14 and 15, 2010	Inspection No/ d'inspection 2010_148_8567_13Dec114810	Type of Inspection/Genre d'inspection Follow up Log # O-002878
Licensee/Titulaire Bruyère 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 the following previously identified Compliance Orders, related to: O. Reg. 79/10, s. 8 (1) (a) and (b) (policy and procedures) and O. Reg. 79/10, s. 71(4) (menu provision). During the course of the inspection, the inspector spoke with members of the management team including the Director of Programs, the Directors of Care, RAI (Resident Assessment Instrument) Coordinator and Food Service Supervisor as well as the Registered Dietitian, Food Service Workers responsible for meal service on unit 1C, Personal Support Workers on unit 1C, the day shift Registered Practical Nurses responsible for care December 14 and 15th on 1C and residents residing on unit 1C. During the course of the inspection, the inspector reviewed documentation on 1C related to the weight monitoring system, a communication from the Director of Programs with effective date of October 15, 2010, several resident health records on 1C as it relates to the monitoring and assessment of body weights and the menu cycle for the dates of the inspection. In addition, the inspector observed the lunch meal December 14th, the breakfast and lunch meal December 15th, on 1C. The following Inspection Protocol was used during this inspection: Nutrition and Hydration Findings of Non-Compliance were found during this inspection. The following action was taken: 3 WN 3 CO: CO # 001, #002, #003		

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.
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.

Findings:

1. An identified resident with a diagnosis of diabetes mellitus, physician order for sliding scale insulin and oral hypoglycemic agent.
2. The body weight of this resident is as follows:
 - 64.4 kgs May 2010
 - 60.5kgs August 2010
 - 58.9 kgs October 2010
 - 55.5 kgs November 2010
 - 53.1 kgs December 2010
3. The resident's body weight, November 2010 indicates a weight loss of 5.7% over 1 month, 8% over 3 months and 13% over 6 months.
4. The resident's plan of care, dated November 2, 2010, states that he/she is at moderate nutritional risk with a goal to maintain a body weight of 58.9 kgs.
5. A review of the resident's health care record indicates that the November 2010 weight loss has not been identified or assessed by a staff member, as of December 15, 2010.
6. Geneveive Cormier, Registered Practical Nurse (RPN) on 1C, responsible for care on December 15, was not aware that this resident had a weight loss in November. The resident's weight continues to decrease as evidenced by his/her body weight of December, 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 #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, at moderate nutritional risk and requiring total feeding assistance, were not offered the available menu at the breakfast meal service on December 15, 2010.
2. The two residents were not offered egg or toast as per the planned breakfast menu.
3. As per the most recent Minimum Data Set (MDS) assessment, one of the resident's was coded to leave 25% or more of food uneaten and is currently provided high energy foods due to low body weight and oral intake.
4. A third identified resident, at high nutritional risk and who requires total feeding assistance was not offered egg at the breakfast meal service December 15, 2010 as per the planned menu.
5. A fourth identified resident, at high nutritional risk and who requires 60mls of the nutritional supplement Resource 2.0 twice daily, was not offered egg at the breakfast meal service on December 15, 2010 as per the planned menu.
6. The Personal Support Worker, responsible for feeding this resident reported that the resident dislikes egg, there was no indication of this dislike on the resident health record or plan of care.

Inspector ID #: 148

Additional Required Actions:

CO # - 002 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. 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. On December 14, 2010, interview with Marie Paule, RPN responsible for resident care on unit 1C, stated that registered nursing staff will review weights for monthly changes, between the current and previous month. She stated that it would not be nursing responsibility to review monthly weights for changes over 3 and 6 months.
3. On December 14, 2010, interview with Trina Alps, the Registered Dietitian and Francine Gratton, the Food Service Supervisor, both stated that the dietary department monitors weights on a quarterly basis, through MDS assessments. Monthly weights are provided to the department monthly, but weights are not reviewed each month for 3 and 6 month weight changes.
4. On December 14, 2010, interview with Carl Balcom, Director of Programs stated that he was not

aware that O.Reg 79/10, s. 69 required that each resident is assessed, each month for weight changes over 3 and 6 months.

5. The policy document titled "Normes en vigueur pour les poids et suivis" notes that inter-professional assessment of weight changes will occur with the MDS quarterly assessments.
6. As noted in WN #1, a resident body weight, November 2010 indicates a weight loss of 5.7% over 1 month, 8% over 3 months and 13% over 6 months. The resident's weight loss has not been identified or assessed by a staff member, as of December 15, 2010.
7. On December 15, 2010, interview with Geneveive Cormier, RPN responsible for resident care on 1C, stated that she was not aware of the resident's weight loss.

Inspector ID #: 148

Additional Required Actions:

CO # - 003 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.**

Amanda Neill RD LTCIT Inspector

Title:

Date:

Date of Report: (if different from date(s) of inspection).

December 22, 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

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-002878	
Inspection Report #:	2010_148_8567_13Dec114810	
Type of Inspection:	Follow up	
Date of Inspection:	December 14 and 15, 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. 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. 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.			
Order: The licensee shall ensure that the weight loss, for an identified resident between October and December 2010, and any subsequent weight changes, will be assessed using an interdisciplinary approach.			

Grounds:

1. An identified resident with a diagnosis of diabetes mellitus, physician order for sliding scale insulin and oral hypoglycemic agent.
2. The body weight of this resident is as follows:
 - 64.4 kgs May 2010
 - 60.5kgs August 2010
 - 58.9 kgs October 2010
 - 55.5 kgs November 2010
 - 53.1 kgs December 2010
3. The resident's body weight, November 2010 indicates a weight loss of 5.7% over 1 month, 8% over 3 months and 13% over 6 months.
4. The resident's plan of care, dated November 2, 2010, states that he/she is at moderate nutritional risk with a goal to maintain a body weight of 58.9 kgs.
5. A review of the resident's health care record indicates that the November 2010 weight loss has not been identified or assessed by a staff member, as of December 15, 2010.
6. Geneveive Cormier, Registered Practical Nurse (RPN) on 1C, responsible for care on December 15, was not aware that this resident had a weight loss in November. The resident's weight continues to decrease as evidenced by his/her body weight of December, 2010.

This order must be complied with by:	Immediate
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Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
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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 ensure that all residents are offered the planned menu items at each meal.

Grounds:

1. Two identified residents, at moderate nutritional risk and requiring total feeding assistance, were not offered the available menu at the breakfast meal service on December 15, 2010.
2. The two residents were not offered egg or toast as per the planned breakfast menu.
3. As per the most recent Minimum Data Set (MDS) assessment, one of the resident's was coded to leave 25% or more of food uneaten and is currently provided high energy foods due to low body weight and oral intake.
4. A third identified resident, at high nutritional risk and who requires total feeding assistance was not offered egg at the breakfast meal service December 15, 2010 as per the planned menu.
5. A forth identified resident, at high nutritional risk and who requires 60mls of the nutritional supplement Resource 2.0 twice daily, was not offered egg at the breakfast meal service on

December 15, 2010 as per the planned menu.

6. The Personal Support Worker, responsible for feeding this resident reported that the resident dislikes egg, there was no indication of this dislike on the resident health record or plan of care.

This order must be complied with by:	Immediate
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Order #:	003	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 put in place a plan, policy, protocol, procedure, strategy or system to ensure that all resident body weights are assessed for changes, each month, for 3 and 6 month weight changes, as required by O.Reg 79/10, s. 69.

Grounds:

1. 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. On December 14, 2010, interview with Marie Paule, RPN responsible for resident care on unit 1C, stated that registered nursing staff will review weights for monthly changes, between the current and previous month. She stated that it would not be nursing responsibility to review monthly weights for changes over 3 and 6 months.
3. On December 14, 2010, interview with Trina Alps, the Registered Dietitian and Francine Gratton, the Food Service Supervisor, both stated that the dietary department monitors weights on a quarterly basis, through MDS assessments. Monthly weights are provided to the department monthly, but weights are not reviewed each month for 3 and 6 month weight changes.
4. On December 14, 2010, interview with Carl Balcom, Director of Programs stated that he was not aware that O.Reg 79/10, s. 69 required that each resident is assessed, each month for weight changes over 3 and 6 months.
5. The policy document titled "Normes en vigueur pour les poids et suivis" notes that inter-professional assessment of weight changes will occur with the MDS quarterly assessments.
6. As noted in WN #1, a resident body weight, November 2010 indicates a weight loss of 5.7% over 1 month, 8% over 3 months and 13% over 6 months. The resident's weight loss has not been identified or assessed by a staff member, as of December 15, 2010.
7. On December 15, 2010, interview with Geneveive Cormier, RPN responsible for resident care on 1C, stated that she was not aware of the resident's weight loss.

This order must be complied with by:	Immediate
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**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 22nd day of December, 2010.

Signature of Inspector:

Name of Inspector:

Amanda Nixon

Service Area Office:

Ottawa