



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 22, 2013	2013_200148_0008	O-000033- 13	Complaint

Licensee/Titulaire de permis

TAMINAGI INC.
05 Loiselle Street, CP Box 2132, Embrun, ON, K0A-1W1

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

SARFIELD COLONIAL HOME
2861 Colonial Road, P.O. Box 130, Sarsfield, ON, K0A-3E0

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 7 and 11, 2013

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Dietary Manager, Registered Dietitian, Maintenance Manager, Registered Nursing Staff, Personal Support Workers and Food Service Workers.

During the course of the inspection, the inspector(s) reviewed resident health records, nutritional care and dietary service policies, weight monitoring system, communication records including shift reports, temperature sheets, food production documents and menu approval. The inspector also observed meal and snack service and the kitchen and service area.

The following Inspection Protocols were used during this inspection:

Dining Observation

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
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



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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 O.Reg 79/10, s. 30. General requirements



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Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :



1. The licensee has failed to comply with O.Reg 79/10, s.30(1) 2, in that the licensee did not ensure that the organized program of Dietary Services and Hydration Program under s.11 of the LTCHA, has been evaluated and updated at least annually.

The following policies have not been evaluated or updated within the last year:

Resident Weight Monitoring, #5.1, dated January 2010

Menu Planning, #5.7, dated April 2009

Nutrition and Hydration Risk Identification Tool, #5.12, dated April 2009

Policies were found to not accurately reflect current practices as exemplified by:

- The Weight Monitoring Policy #5.1, which indicates that the Dietary Manager will review weights monthly. Interview with the Dietary Manager confirmed that she does not currently take part in the review of monthly weight changes.

- The Assessment, Care and Documentation Policy #5.6, which indicates that the Dietary Manager will assess the resident's at low nutritional risk. Interview with the Dietary Manager confirmed that she does not currently conduct such nutritional assessments. An interview with the Registered Dietitian confirmed that the RD is responsible for assessments of low risk residents.

- The Assessment, Care and Documentation Policy #5.6, also indicates that the Nursing/Dietary Liaison Form is to be completed if a resident is eating or drinking poor for 2 or more days. The current Food and Fluid record indicates that the Liaison Form is to be completed after 3 days of poor eating or drinking.

In addition several policies reference the Long Term Care Facilities Program Manual and Standards which are no longer applicable and were replaced with the Long Term Care Homes Act as of July 1, 2010.

An interview with the Dietary Manager confirmed that many of the policies have not been updated since 2009. The home could not provide evidence that there has been an evaluation of the Dietary Services and Hydration Program since 2009. [s. 30. (1) 3.]



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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 the Dietary Services and Hydration Program is evaluated and updated at least annually, to be implemented voluntarily.

WN #2: 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.**
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Findings/Faits saillants :



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1. The licensee has failed to comply with O.Reg 79/10, s.69 1., 2. and 3. in that the licensee did not ensure that residents with a change in body weight of 5% over one month, 7.5% over three months and 10% over six months are assessed and that actions are taken.

A specified resident was identified with oral pain and decreased intake, as noted by the Food and Fluid Intake Records and nursing progress notes.

A review of the Weight and Height History of the specified resident indicated significant weight changes in December 2012 and January 2013.

There is no indication in the resident's health record that the significant weight changes of December 2012 and January 2013 have been assessed. An interview with the Registered Dietitian (newly hired in December 2012) confirmed that as of February 11, 2013 the weight loss of January 2013 has not been assessed.

Further to this, the Registered Dietitian stated that several significant weight changes for the month of January 2013, have not yet been assessed. It was confirmed, through interviews with staff and the current policy, that weights are measured within the first week of the month. [s. 69.]

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 weight changes as specified in O.Reg 79/10 s.69 are assessed and that actions are taken and outcomes are evaluated, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(4)(a) in that the licensee did not ensure that staff involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.

The most recent assessment, for a specified resident, conducted by the Registered Dietitian on December 10, 2012 indicates that the resident's weight was stable and that food intake was 100% at most meals.

This resident has been experiencing oral care and food/fluid intake issues leading to decreased intake and weight loss over the last 6 months.

The current plan of care for this specified resident indicates that the resident has a problem with Significant Weight Gain. In addition, the plan of care does not address the above identified issues related oral care, food/fluid intake and weight loss.

Staff involved in the different aspects of care have not collaborated with each other in the assessment of this resident, so that their assessments are integrated, consistent with and complement each other. [s. 6. (4) (a)]

2. The licensee failed to comply with O.Reg. 79/10 s. 6(7), in that that licensee did not ensure that the care set out in the plan of care, related to feeding assistance, was provided as specified in the plan of care.

At the breakfast meal on a day in February 2013, a specified resident was observed with cereal from 0840 hours to 0850 hours during which time the resident was provided with verbal encouragement. The resident took one spoonful and only a sip of fluid in this time frame. At 0851 a staff member sat with the resident and physically assisted with both food and fluid.

At the lunch meal on a day in February 2013, at 1246 hours, the specified resident was provided the main meal, at this time the resident had consumed no fluids. Between 1246 and 1258 the resident was observed to consume no food or fluid. At 1258 a staff member provided total physical feeding assistance to the resident until the food and fluids were consumed. An interview of the staff member feeding the resident, stated that the resident usually feeds self, but over the last couple of days has needed more assistance. A second staff member who was present in the dining



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room stated that the resident has required more assistance for the last few weeks.

The Eating plan of care for this specified resident, indicates that the resident requires extensive to total assist by one staff.

The care set out in the plan of care was not provided to Resident #001. [s. 6. (7)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(b) a cleaning schedule for all the equipment; and O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :



1. The licensee failed to comply with O.Reg 79/10 s. 72(3)(b) in that the licensee did not ensure that all food and fluids in the food production system are prepared, stored and served using methods to prevent adulteration, contamination and food borne illness.

The following were found on February 11, 2013 during observations in the kitchen in Fridge 1:

- Soft cheese was observed with no label to identify contents or date. Cook and Dietary Manager could not identify when the food was opened or when it expired
- 2 bags of what appears to be cheddar cheese were observed with no label or date.
- Several bread products in freezer were observed with no label or date.

The following were found on February 11, 2013 during observations in the kitchen in Fridge 2:

- Prunes in a large container were observed with no label or date.
- Cottage cheese was observed with the dates of February 5, February 6 and February 7th.
- 2 plates of sandwiches (with meat) observed without label or date

The home does not consistently ensure that food in the food production system is stored using methods to prevent adulteration, contamination and food borne illness. [s. 72. (3) (b)]

2. The licensee has failed to comply with O.Reg 79/10 s.72(7) (b) and (c), in that the licensee did not ensure that the home has and that staff of the home comply with a cleaning schedule for all equipment and for the food production and servery area.

The following observations were made between 0900 and 1000 hours on Feb 11, 2013:

- Debris and dust was observed on the shelving unit next to the servery area where clean dishes are stored. The bottom shelf of this unit was observed to have layered grim and food debris. The inspector later observed clean dishes from the breakfast service being placed on this shelving unit with no attempt to clean the area.
- A layer of grim was observed on the metal shelving where food preparation equipment is stored. Cob webs with dust could be easily seen between the metal spokes. Empty plastic fluid containers on the bottom shelf of this unit could be



observed with dust and specks of dirt.

- The outside of oven/stove was observed to be dirty with grease stains.
- Nourishment cart was observed prior to the distribution of the morning nourishment pass and was noted to have coffee/tea stains and food debris on both middle and bottom shelf. The black bucket on the end of the cart, with clean mugs and glasses inside, was observed to have food debris and dust.
- Microwave was observed to have visible crusted food on the interior. The Inspector confirmed with the Food Service Worker that the microwave had not yet been used that day.
- Stainless steel shelf under the prep island was observed to have dust and food debris. The basket of adaptive utensils store on this shelf was observed to have dust and food crumbs.
- Three white bins that store sugar, rice and flour located under the steam table was noted with brown stains and dust/food debris.

Cleaning schedules are in place for various dietary positions that include stove top, microwave, ingredient bins under steam table, collation (nourishment) carts, plate cart by steam table. As noted by the list above there are food production and servery areas that are not included in the current cleaning schedule.

An interview with the Dietary Manager noted that the cleaning schedule set out for the Student Helper is no longer being implemented as this position has been discontinued. At the time of this inspection the cleaning duties on this schedule had not been reassigned.

The staff did not comply with the cleaning schedule and the home does not have a cleaning schedule for all food production and servery areas. [s. 72. (7) (b)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

- s. 73. (2) The licensee shall ensure that,**
(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).



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Findings/Faits saillants :

1. The licensee failed to comply with O.Reg. 79/10 s.73(2)(b), in that the licensee did not ensure that a resident who requires feeding assistance, is not served a meal until someone is available to provide assistance.

The current plan of care for a specified resident, indicates that the resident requires total feeding assistance with both food and fluids. On a day in February 2013, the resident was observed to be provided with a lunch meal at 1247 hours. The resident was not provided with feeding assistance with this meal until 1258 hours, 11 minutes after the meal had been served.

The meal was served to Resident #002 prior to there being someone to provide feeding assistance. [s. 73. (2) (b)]

Issued on this 11th day of March, 2013

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

A handwritten signature in cursive script, appearing to read "Amanda Lix", written in black ink within a rectangular box.