



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
performance du système de santé

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 12, 13, 19, 20, Nov 28, 2011	2011_067171_0020	Complaint

Licensee/Titulaire de permis

THE CENTRAL CANADIAN DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE IN CANADA
155 PANIN ROAD, BURLINGTON, ON, L7P-5A6

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

ST OLGA'S LIFECARE CENTRE
570 KING STREET WEST, HAMILTON, ON, L8P-1C2

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

ELISA WILSON (171)

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, registered staff, health care aides, dietary aides, and residents regarding a complaint (H-001453-11).

During the course of the inspection, the inspector(s) observed dinner meal service on October 12, 2011 and lunch meal service on October 13, 2011. Selected resident plans of care were reviewed and daily flowsheets for residents in specific home areas were reviewed.

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
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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
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 interventions taken with respect to the Nursing and Personal Support Services program in Section 8 of the Long Term Care Homes Act 2007, were documented. All residents were to have a bath or shower twice per week as per their plans of care and this information was to be documented on the Skin Assessment and Bathing documentation sheet. Eight residents only had one bath documented during certain weeks.

Health care aides, registered staff and the director of care indicated it was the expectation that documentation should happen on every bath day whether the bath occurred or not. The bathing documentation sheet included codes that could be used to indicate the bath was not completed or if it was refused. Staff were unsure with the above examples if the bath was missed or if just the documentation was missed. Two of the above residents indicated they always get two baths or showers per week.

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 action taken with respect to a resident under a program, specifically interventions regarding bathing, are documented, to be implemented voluntarily.

WN #2: 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. (1) 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 elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has not ensured that a resident's meals were served in a congregate dining setting. The resident was eating dinner on one day and lunch on another day in the bedroom. There were no assessments in the resident's plan of care indicating a requirement to eat meals in the bedroom. The staff indicated the resident will eat more when not distracted in the dining room, however some staff will bring the resident to the dining room for meals. The assessment of the resident's needs, the intervention for eating in the bedroom and times when this would be appropriate, have not been documented in the plan of care. This missing documentation was confirmed by registered staff.
[O.Reg. 79/10, s.73(1)3.]

Issued on this 30th day of November, 2011

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

