Ontario

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*

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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 24,25,26,27, 2010	**2010_171_8571_23Aug155456**	Follow-up dietary – H01137

Licensee/Titulaire

Mennonite Brethren Senior Citizens Home, 1 Tabor Drive, St. Catherines, ON L2N 1V9
Fax: 905-934-6467

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

Tabor Manor/ Mennonite Brethren Senior Citizens Home, 1 Tabor Drive, St. Catherines, ON L2N 1V9

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

Elisa Wilson, LTC Homes Inspector, Dietary (ID #171)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection in respect of previously identified unmet standards and criteria from the Program Manual and areas of non-compliance that applied when the home was governed by the Charitable Institutions Act:

Dietary Follow-up conducted August 11, 2009.

- CIA/9.15(a) related to B3.25
- CIA/3(1) related to B3.24, P1.2
- B2.6
- B3.32
- P1.14
- P1.18
- P1.21
- P1.24

During the course of the inspection, the inspector spoke with: the administrator, director of care, foodservices manager, registered dietitian, registered staff, front-line staff, dietary aides, cooks, residents and resident's family members.

During the course of the inspection, the inspector: observed lunch and dinner service on August 24, dinner service on August 25, and breakfast service on August 26, 2010. Two meals were observed in each dining room. Snack service was observed the afternoon of August 24, 2010 and for specific residents on August 25 and 26, 2010. Charts were reviewed both in hard copy and on the computer. Policy on maintaining, monitoring and recording hydration was requested and reviewed. The therapeutic menus, snack menus, production sheets and recipes were reviewed.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration
Dining Observation
Food Quality
Snack Observation

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

10 WN
7 VPC
1 CO: CO # 001

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

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 LTCHA 2007, S.O. 2007, c.8, s.56(2)
Only residents of the long-term care home may be members of the Residents' Council.

Findings:

1. Tabor Manor has a joint resident/family council, however they do not have a resident's council with resident-only membership.

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:

The plan of care for identified residents does not give clear direction to staff providing care.

1. The plan of care for Resident #1 indicates under "altered nutrition status" that regular fluids should be provided at meals and nectar fluids at nourishments, however in the "dehydration" section it indicates thin fluids if small sips are taken as the resident does not like thickened fluids. It is unclear if thickened fluids should be offered or at what times the thickened fluids would be appropriate. One intervention under "altered nutrition status" indicates education is required for the resident and his family regarding acceptable food choices to avoid choking episodes, however it does not specify who will do the education or when. This same intervention was also included in the plan for the previous quarter.

2. The plan of care for Resident #2 indicates under the section "altered nutrition status" that fluid requirements are 1050-1400 cc/day. Under the section "constipation" the care plan indicates fluid should be increased at least 2-3 glasses per day. It is unclear if this is above the fluid requirements set by the dietitian or if it is included in the requirements set by the dietitian.

3. The plan of care for Resident #3 indicates under the "altered nutrition status" section that the resident receives strawberry ensure - 3oz at each meal and Resource 2.0 - 30cc 4 times per day, however the "pressure ulcer" section indicates Boost and Nutren 2.0 - 30cc with each meal.

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 with ensuring the written plan of care provides clear directions to staff and others who provide care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(4)(b)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, 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.

Findings:

The plans of care for identified residents are not consistent between nursing and dietary.

1. The plan of care for Resident #1 has inconsistent interventions. Under the sections "choking risk" and "dehydration" the interventions include not providing milk or chocolate, however the diet sheet used in the dining rooms indicate the resident is receiving chocolate milk at each meal. Under the section "hypertension" one of the interventions is to provide a low or no sodium diet, however this instruction is not included under the section "altered nutrition status" and is not part of the diet order.

2. The care plan for Resident #2 indicates under "hypertension" that a dietitian referral is required and a low sodium diet. These interventions were also included in the previous quarter. The dietitian had not received a consult for this intervention and the diet order is for a regular diet.

3. Fluid requirements for Resident #3 were assessed at 800-1100 ml/day by the dietitian however the care plan sections regarding dehydration and pressure ulcers which were completed by nursing indicate a requirement of 1500ml/day.

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 staff and others involved in the different aspects of care of the resident collaborate with each other, in the development and implementation of the plan of care, 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. The care set out in the care plan is not always provided to residents. Resident #1 has a plan to have plastic cutlery for safety, however the resident was provided with regular cutlery at 2 meal times. Three out of four residents requiring protein powder in their soup at the evening meal did not receive it in the Pinegrove dining room. Four out of four residents requiring protein powder in cereal at breakfast did not receive it in the Oakridge dining room. Five residents requiring jam lax and two residents requiring prune juice did not receive it at breakfast in the Oakridge dining room.

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 with ensuring care set out in the plan of care is provided to the resident as specified in the plan of care, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg. 79/10, s.71(1)(f)
Every licensee of a long-term care home shall ensure that the home's menu cycle, is reviewed by the Residents' Council for the home;

Findings:

1. The Family/Resident Council last approved the menu in May 2009. The minutes of the meetings since that time do not indicate the current menu has been reviewed. The Home does not have a Resident's Council consisting solely of residents.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s.71(2)(b)
The licensee shall ensure that each menu, provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time.

Findings:

1. The pureed texture menu is lacking in grain servings and variety. Canada's Food Guide recommends 6-7 servings of grains per day. The pureed diet routinely has four or fewer servings offered per day. The snacks offered in the afternoon for the pureed texture menu rotate between three different items. Two of the three items on the pureed texture snack rotation are offered most days at meal time as well.

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 with ensuring that each menu provides for a variety of foods each day for all food groups in keeping with Canada's Food Guide, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg. 79/10, s.72(2)(c)
The food production system must, at a minimum, provide for, standardized recipes and production sheets for all menus;

Findings:

1. A number of discrepancies were found between the menu, production sheets and recipe binder. Some examples on Week 3, Day 2 include:

   Breakfast
   - therapeutic menu indicates a serving size of 1 sausage, however the production sheet indicates a serving size of 2 sausages
   - therapeutic menu indicates #10 scoop of minced sausage, however a #12 scoop of cottage cheese is indicated on the production sheet
   - therapeutic menu indicates #10 scoop of pureed sausage, however #16 and #12 scoop of pureed cottage cheese is indicated on the production sheet.

   Lunch
   - therapeutic menu indicates 90 g servings of regular meatloaf for minced, however production sheet indicates a #10 scoop of minced meatloaf.
   - therapeutic menu indicates a #8 scoop of pureed meatloaf, however a #10 scoop is indicated on the production sheet.
   - the recipe binder has 2 different recipes for meatloaf.

   Dinner
   - the posted menu, menu at a glance and production sheet indicate cream of celery soup, however cream of mushroom soup is indicated on the therapeutic menu.

2. There are five recipes in the binder for Week 3, Day 2 that are not on the menu and seven items on the menu with no recipe.

3. Recipes and production sheets do not specify amounts of each item required to be produced.

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 the food production system provides for standardized recipes and production sheets for all menus, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg. 79/10, s.73(1)8

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: Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

Findings:

1. Meals were not served course by course. Dessert was served while residents were still eating their entrees on August 24, 2010 at lunch in Pinegrove and dinner in Oakridge, and on August 25, 2010 at dinner in Pinegrove.

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 with ensuring the home has a dining service that provides course by course service, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg. 79/10, s.73(1)9

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: Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

1. Resident #1 and #4 are not getting the personal assistance required to safely eat and drink as comfortably as possible. Resident #4 was eating dinner in his room alone in August, 2010. The plan of care indicates that he requires staff to provide constant encouragement from beginning to end of his meal. Resident #1 was given a thickened juice in August, 2010 for an afternoon snack at 2:30 pm, which was left in his room beside him. The full glass of thickened juice was still in the room after he had left to go to the dining room for the evening meal at 4:30 pm. His plan of care indicates he needs to be supervised at meal and snack times and that he requires complete feeding by one staff.

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 with ensuring residents are provided with the personal assistance required to safely eat and drink as comfortably and independently as possible, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(b)

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, is complied with.

Findings:

1. The Home's policy "Maintaining, monitoring and recording hydration" states that flow sheets shall be kept for each shift and shall include fluids taken at meals, snacks and other times of day. This policy is not consistently being followed by staff recording fluid intake at snacks. Four of five staff interviewed were recording the fluids that were left with the resident as opposed to the fluids taken or consumed by the resident. The dietitian and foodservices manager were using this fluid record to determine adequacy of hydration and therefore did not have the correct information for their assessments.

Additional Required Actions:

CO # - [1] will be served on the licensee. Refer to the "Order of the Inspector" form.

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B2.6, LTC Homes Program Manual, now found in LTCHA 2007, S.O. 2007, c.8, s. 6 (10).			Dietary Follow-up – August 11, 2009	171
P1.18, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 71 (3)(c)			Dietary Follow-up – August 11, 2009	171

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. Elisa Wells
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). 12 Oct 2010