



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
Aug 23, 30, Sep 2, 2011 Sep 10, 18, 19, 20, 21, Oct 12, 16, 17, 18, Nov 14, 16, 2011	2011_071159_0018	Follow up

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

TALL PINES LONG TERM CARE CENTRE
1001 Peter Robertson Blvd., BRAMPTON, ON, L6R-2Y3

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Food Service Manager, dietary and nursing staff related to inspection H-1683-11

During the course of the inspection, the inspector(s) reviewed menus, observed food production, observed noon meal service on the first and third floor dining areas, and interviewed residents.

The following Inspection Protocols were used during this inspection:

Food Quality

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legende
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. Previously issued as unmet criteria B3.25

The licensee did not ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the care set out in the plan of care has not been effective.[LTCHA 2007, S.O. 2007, c.8.s.6(10)(c)]

The Quarterly Minimum Data Set (MDS Q3M) assessment for an identified resident was completed by the Registered Dietitian in July 2011. The Registered Dietitian's progress notes stated " No significant changes in nutritional status since last review. Resident remains at high nutritional risk. Care plan reviewed and remains appropriate for abilities and needs". However, review of food and fluid intake record for the resident indicated that the total 24 hour fluid intake most days was less than 900ml/day. Documented assessed fluid requirement on the plan of care for the resident was a minimum 1500 ml/day. The care set out in the plan had not been effective. Staff had documented that the resident has been refusing mid morning and afternoon snacks and beverages. The hydration problem for the resident was not addressed and the plan of care was not revised.

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 ensuring that a resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when care set out in the plan of care has not been effective, to be implemented voluntarily.

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

Specifically failed to comply with the following subsections:

s. 71. (2) The licensee shall ensure that each menu,

(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and

(b) 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. O. Reg. 79/10, s. 71 (2).

Findings/Faits saillants :

1. Previously issued as unmet criteria P1.4

The licensee did not ensure that each menu provides a variety of foods, including fresh seasonal foods each day from all food groups in keeping with Canada Food Guide as it exists from time to time. O.Reg. 79/10, s. 71 (2)(b)

A review of the four week Summer/Fall cycle menu indicates that the menu lacks variety:

a) The planned Week 3 menu has 6 consecutive days pasta dishes i.e. Saturday dinner three cheese penne, Sunday lunch chicken noodle soup, Monday dinner Fetticini, Tuesday dinner pasta Orzo, Wednesday dinner noodle Romano, and Thursday dinner Spaghetti.

b) The planned current Week 4 Summer/Fall nourishment menu lacks variety. Cookies are served most days 6/7 for the afternoon nourishment, and sandwiches are served most days for the evening bed time nourishment snacks. c) The menu lacks seasonal fresh fruit, only 4/14 planned meals have fresh fruit offered to all residents. It is acknowledge that a small bowl of fresh fruit is available on the nourishment cart, however, many of the residents are not able to eat whole, uncut, fruit including those residents on texture modified diets. The fresh fruit bowl does not ensure all residents are offered and served a variety seasonal fresh fruit each 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 with ensuring that each menu provides a variety of foods, including fresh seasonal foods each day from all food groups in keeping with Canada Food Guide as it exists from time to time, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

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,

(a) preserve taste, nutritive value, appearance and food quality; and

(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :



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1. Previously issued as unmet criteria P1.14

The licensee did not ensure that all food and fluids in the food production system are prepared, stored and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality; and

(b) prevent adulteration, contamination and food borne illness. [O.Reg. 79/10, s. 72 (3)]

Food production was observed on August 30, 2011. Dietary staff preparing pureed desserts did not follow the recipes, resulting in variation in texture (consistency of the pureed food was runny, flavour and reduced nutritional content, compromised appearance and quality). It was also observed that the frozen vegetables were thawed the day before and being cooked for the following day, this compromises the quality and texture and nutritional value.

Dietary staff were observed preparing pureed food i.e. pureed sausages, pureed desserts (mandarine oranges) a day in advance. This does not ensure all residents are consistently provided nutritious quality food. The preparation of certain foods too far in advance not only compromises quality of food i.e. appearance, taste, and texture also there is loss of nutrients, especially minerals and water soluble vitamins susceptible to oxidation.

Dining committee minutes were reviewed and noted that residents have expressed dissatisfaction with the quality of meals served. Some of the residents' comments in relation to food production and quality noted were "cantaloupe was hard rock; meal served on May 29, 2011 was disgusting; turkey was dry; dressing was mush and pie was not great; sweet and sour coleslaw (week 2 Tuesday lunch) served had no taste; grilled cheese sandwich dried out; parmesan polenta plain taste like cornmeal - like dough; macaroni and cheese no flavour, flat."

Residents interviewed in 2 dining areas voiced concerns regarding inadequate food variety and preparation.

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 all food and fluids in the food production system are prepared, stored and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality; and

(b) prevent adulteration, contamination and food borne illness, to be implemented voluntarily.

Issued on this 30th day of November, 2011

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

Heather for A. Subgal