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MAPLE	ON L6A 2L1	October 20, 21, 22, 23, 24, 30, 2003		<u>Number of Days</u> 6	
Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response

P1.29

The nutritional care program does not include:

- Screening to identify nutritional risk.
- Nutritional assessment and identification of interventions on resident plans of care.
- Reassessment of care plans based on residents' changing needs.

It was observed that several residents:

- Were not screened to identify nutritional risk and there is a lack of identification of interventions on resident care plans and health care records.
- Changes in weight are not always evaluated and action taken as required. It is expected that nursing as well as dietary participate in the assessment process.
- Weights/re-weights are not done in accordance with Maple Health Centre's policy and procedure.
- Nourishment forms are not complete.

Screening to Identify Nutritional Risk

- Residents are screened to identify nutritional risk i.e., MS, Palliative status, diabetes, CVA.
- Also, new residents are assessed by the Registered Dietician for Nutritional Risk within the first twenty-one days. Strategies are developed and implemented to meet client needs. The strategies are documented in the resident's health care record on the progress notes and in the resident's plan of care.
- To enhance compliance, the procedure for documenting ongoing assessment and screening has been revised to require that this information be documented on the progress and in the resident's plan of care. Implemented November 7, 2003.

Reassessment of Care Plans [Changes in Weight – Evaluation and Interventions]

- The Registered Nurse and the Dietary Team Leader have been re-instructed regarding the need to follow and adhere to the Centre's policy for reviewing the resident weights on a monthly basis to identify those residents at nutritional risk and develop strategies to mitigate those risks. Implemented November 7, 2003.
- To ensure compliance, these criteria will be

2003/11/14 Accepted.



Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Acute Services and
Community Health Divisions

Divisions des services en matière de soins actifs
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Ontario

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added to the Nursing Management Continuous Quality Improvement Audit Plan and monitored by Nursing Management. Staff not adhering to the policy will be subject to further corrective measures. Implemented November 7, 2003.

Weights/Re-weights Policy

- . The Weight/re-weight policy has been revised to indicate that those residents with a +/- 5% weight loss will be re-weighted every two weeks to assess on-going weights until the resident's weight is stable for one month.
- . Further in-service and education will be given with nursing and dietary staff to ensure they are aware of the need for continual assessment of resident weights, documentation of interventions, Centre Policy and Ministry of Health and Long-Term Care Standards.
- Implemented November 14, 2003.
- . To ensure compliance, these criteria will be added to the Nursing Management Continuous Quality Improvement Audit Plan and monitored by Nursing Management. Staff not adhering to the policy will be subject to further corrective measures. Implemented November 7, 2003.
- . The procedure for completing Nourishment forms has been revised to improve consistency and compliance. This task will now be assigned



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to one specific/designated health care aide on each unit, each shift. The designated health care aide will monitor the dining room and follow-up to ensure all resident intake is fully documented. Implemented November 7, 2003.

. To ensure compliance, this criterion will be added to the Nursing Management Continuous Quality Improvement Audit Plan and monitored by Nursing Management. Staff not adhering to the policy will be subject to further corrective measures. Implemented November 7, 2003.



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M3.23

Some staff is not participating in the facility-wide infection control program to prevent or minimize the spread of infection, i.e.,

- linen carts not covered while transporting soiled and clean laundry;
- Red isolation bag left in hallway uncovered;
- Soiled personal laundry left in bags on floor of laundry room in clean areas;
- Laundry workers do not wear protective aprons while working with soiled laundry;
- Some sinks in serveries without hot water for hand washing purposes.

2004/01/15

Linen Carts Not Covered:

- Provisions have been made to have the laundry contractor provide covers for clean and soiled laundry carts at both centres and interim directives issued to staff requiring that clean and soiled laundry carts be covered during transportation. Implemented October 22, 2003.
- Applicable laundry policies and procedures will be revised to reflect this requirement. Staff to be provided with in-service regarding the revised procedures. Target date for completion - November 14, 2003. (Follow up - S. Dublin, T. Veluz.)

2003/11/30

Accepted.

Handling of Isolated Linen:

- All single linen hampers without attached covers are to be replaced at both centres. Single linen hampers with attached covers to be purchased for both centres. In the interim staff will be required to cover the laundry hampers with a clean linen cover. Target date for completion - December 15, 2003. (Follow up - M. Battle, J. Martin, S. Dublin.)

Separation of Clean and Soiled Personal Laundry:

- The procedure for handling soiled personal



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laundry has been revised. Refer to attached policy. Staff in-servicing to be completed by November 14, 2003. (Follow up - M. Parsons/Nursing Management.)

PPE for Laundry Workers:

- . The procedure for handling soiled personal laundry has been revised. Refer to attached policy. Staff in-servicing to be completed by November 14, 2003. (Follow up - M. Parsons/Nursing Management.)

Hot Water for Sinks in Nourishment Area:

- . Hot water booster to be added to waterlines serving nourishment sinks at the Maple Health Centre. Water heaters have been ordered for first floor dining areas and for 2W, should be installed by November 30, 2003. Installation of electrical outlet completed October 27, 2003, in all areas. (Follow up - S. Dublin.)