

Resident-related – Triggered

Home Name:

Inspection Number:

(hard copy use only)

Date:

Inspector ID:

Definition / Description
Significant weight change:

Significant weight change means:

- A change of 5 per cent of body weight, or more, over one month
- A change of 7.5 per cent of body weight, or more, over three months
- A change of 10 per cent of body weight, or more, over 6 months
- Any other weight change that compromises the resident's health status

Nutrition care and hydration programs:

The organized program of nutrition care and dietary services required under clause 11(1)(a) of the Act; and the organized program of hydration required under clause 11(1)(b) of the Act.

Body mass index (BMI):

A method of classifying body weight according to health risk. BMI is calculated as follows: weight in kilograms divided by height in metres squared. A BMI <21 is associated with increased health risk in the elderly.

Use

This is a resident-related triggered IP, used to review nutrition and hydration during the annual inspection of the LTC home for a sampled resident with:

- significant weight loss or gain
- an enteral feeding tube, or
- dehydration.

The inspector may also select and complete this IP when a concern(s) related to nutrition or hydration management is raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to provide nutrition care and hydration programs including:

- Policies and procedures developed and implemented in consultation with a registered dietitian
- Identification of risks related to nutrition care, dietary services and hydration
- Interventions to mitigate and manage risks
- Systems to monitor and evaluate the food and fluid intake of residents identified at risk
- Weight monitoring system

Note: There is transitional regulation related to this IP. Inspectors will identify any non-compliance related to the transitional regulations through Ad Hoc Notes.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to nutrition or hydration have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes**Initial Record Review****Relevant documents for review include:**

MDS assessment:

- Section B (cognitive patterns)
- Section G (physical functioning and structural problems) – e.g. G1h (eating)
- Section H (continence in last 14 days) – e.g. H2b (constipation), H2d (fecal impaction)
- Section I (disease diagnoses) – e.g. I2k (urinary tract infection), I1pp (allergies)
- Section J (health conditions) – e.g. J1a (weight gain or loss of 1.5 or more kilograms in last 7 days (3 lbs.), J1c (dehydrated), J1d (insufficient fluid), J2 (pain symptoms), J3 (pain intensity)
- Section K (oral/nutritional status) K1-K6
- Section L (oral/dental status)
- Section M (skin condition)
- Section O (medications)
- Section P (special treatments and procedures) – e.g. P9 (abnormal lab values), Pb (dialysis), P1ad (intake/output)

Other documents for review include:

- height and weight history
- nutritional assessment
- physician orders

- plan of care
- progress notes
- therapy notes, if applicable
- records of meal and fluid consumption, if available
- enteral feeding consumption and/or nutritional supplements, and
- other progress notes or records that may have information regarding the assessment of the resident's nutrition and hydration status.

			Information Gathering	
			Initial Record Review	
Notes				

Resident / Substitute Decision-Maker Interview				
<p>Interview the resident, family or responsible party to identify:</p> <ul style="list-style-type: none"> • Involvement in the development of the plan of care and goals • Whether the plan of care reflects resident choices, preferences and any restrictions • Whether care and services are provided according to the plan of care • The type of assistance/encouragement provided for eating/drinking, and whether it is sufficient • Awareness of adaptive equipment and whether it is available for use • Any changes in condition, recent acute illnesses, or changes in cognition • History of recent weight loss or gain • Whether a choice of food and beverages is offered at meals and snacks • Whether there is poor food or fluid intake and any contributing factors • Concerns regarding the taste, variety, and temperature of food and fluids • Recent changes in medications and if they affect taste or appetite • Oral or other pain that might interfere with eating or drinking • Whether the resident is receiving enteral feeding. 				
			Information Gathering	
			Resident / SDM Interview	
Notes				

Staff Interviews				
<p>Interview staff on various shifts when concerns about hydration, nutrition, or enteral feeding have been identified to determine:</p> <ul style="list-style-type: none"> • Whether staff are aware of the resident's nutrition and hydration plan of care • How staff are monitoring the resident's food and fluid intake, and when and to whom they would report changes • Awareness of any nutrition or hydration deficits such as: significant weight changes, poor wound healing, dehydration, constipation, poor food and fluid intake 				

- Awareness of any factors affecting the resident's nutrition or hydration status, for example: difficulty getting to or using the bathroom; self-feeding difficulty; other behavioural changes; medications (e.g., diuretics); diet or fluid restrictions; etc.

			Information Gathering	
			Staff Interviews	
Notes				

Assessment				
<p>Determine whether the staff accurately or consistently assess a resident's nutrition and hydration status on admission and as indicated thereafter.</p> <p>Determine whether the assessment includes, as appropriate:</p> <ul style="list-style-type: none"> • Any hydration issues and lab values which may suggest dehydration, efforts to address the issue, and the nature of the deficit • Baseline nutritional and hydration status indicators including height, weight, body mass index (BMI) and any physical signs and symptoms of malnutrition • An estimation of calorie, protein, fluid, and micronutrient needs based on clinical condition (and free water if on enteral feeding) • Adequacy of food and fluid intake to meet the above needs, including significant changes in the resident's overall intake in the last 90 days or since the last assessment was completed and an evaluation of the resident's eating pattern • Weight history, noting significant changes or insidious weight loss/gain and identifying the etiology of the changes (e.g., fluid or obesity); use of a planned weight change program; impact of obesity/weight loss on overall health • A review of medications known to cause a drug/nutrient interaction or which have side effects potentially affecting food intake or enjoyment • A review of nutritional concerns related to a resident's health status, condition and diagnosis and any factors that may contribute to energy/protein malnutrition or altered nutrient needs • Any chewing or swallowing problems • Any problems with the teeth, mouth, or gums that could affect eating • An evaluation of any nutritional risks related to residents' eating skills and/or need for feeding aids or assistance with food and fluid intake • The appropriateness or any dietary restrictions or therapeutic diets • Any food intolerances or hypersensitivities that may impact nutritional status. 				
			Information Gathering	
			Assessment	
Notes				

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the registered dietitian who is a member of the staff of the home: (a) complete a nutritional assessment for the resident on admission and whenever there was a significant change in the resident's health condition, and (b) assess the resident's <ul style="list-style-type: none"> • nutritional status, including height, weight and any risks related to nutrition care, and • hydration status, and any risks related to hydration? 	r. 26 (4) (a) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: <ol style="list-style-type: none"> 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 their health status? 	r. 69. 1-4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others 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?	s. 6 (4) (a)
Notes					

Plan of Care

Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses the following, as appropriate:

- Nutritional status, including height, weight and any risks related to nutrition care
- Hydration status, and any risks related to hydration
- Quantifiable, measurable objectives with reassessment timeframes
- Interventions with clear instructions to guide the provision of care, services and treatment for:
 - Promoting fluid intake between and with meals

- Promoting weight gain or weight maintenance
- Monitoring food and fluid intake if concerns have been identified
- Residents with cognitive impairment or dysphagia
- Individual food preferences, fluid restrictions, food allergies and intolerances
- Rehabilitative/restorative measures to promote involvement in improving functional skills
- Individualized menus, if required
- If the resident receives tube feeding, the necessary interventions to prevent complications
- Environmental concerns that may affect a resident's intake such as access to tables and equipment
- Goals which are consistent with the resident's wishes during palliative and/or end-of-life care, including interventions to address decreased appetite and dehydration, good mouth care, preservation of resident dignity and promotion of comfort rather than specific food/fluid intake goals.

			Information Gathering	
			Plan of Care	
Notes				

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's nutritional status, including height, weight and any risks related to nutrition care?	r. 26 (3) 13
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment of the resident's hydration status and any risks related to hydration?	r. 26 (3) 14
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions for the staff and others who provide direct care to the resident?	s. 6 (1) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an assessment of the resident and the resident's needs and preferences?	s. 6 (2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the development and implementation of the plan of care so that the different aspects of care are integrated, consistent with and complement each other?	s. 6 (4) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, their SDM, if any, and designate of the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident kept aware of the contents of the plan of care and given convenient and immediate access to it?	s. 6 (8)
Notes					

Observations / Provision of Care					
<p>Observe the resident to determine whether:</p> <ul style="list-style-type: none"> • The resident exhibits any signs and symptoms of altered nutritional status including: decreased or absent urine output, dry eyes, poor oral health, dry chapped lips, tongue and mouth, diarrhea, vomiting, constipation, sunken eyes, muscle wasting, edema, weakness • Staff implement interventions consistent with resident needs and condition including any restorative care protocols • Staff recognize and address risks or contributing factors • Staff provide assistance for the resident who is dependent upon staff for care • Assistive devices and call bells are available for the resident who is able to use them • The resident has any difficulties while eating including coughing, choking, aversion to certain foods or fluids • Fluids are provided at meal times and the resident is encouraged to drink them • Food and fluid intake is being monitored and how • Actual food and fluid intake • The food served to the resident was in accordance with the diet and menu plan • Enteral feeding is administered (if applicable) as defined in the care plan and as ordered for flow rate, type of formula, etc. 					
Information Gathering					

				Observations / Provision of Care	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident offered a minimum of three meals daily?	r. 71 (3) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident offered a minimum of a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner?	r. 71 (3) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident offered a minimum of a snack in the afternoon and evening?	r. 71 (3) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the planned menu items available and offered to the resident at each meal and snack?	r. 71 (4)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident given sufficient time to eat at his or her own pace?	r. 73 (1) 7
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident provided with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible?	r. 73 (1) 9
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are proper techniques used to assist the resident with eating, including safe positioning of residents who require assistance?	r. 73 (1) 10
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident provided with food and fluids that are safe, adequate in quantity, nutritious and varied?	s. 11 (2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is an individualized menu developed for the resident if their needs cannot be met through the home's menu cycle?	r. 71 (5)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring / Evaluation/ Revision					
Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs.					
Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.					
Information Gathering					
Monitoring / Evaluation/ Revision					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident been reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care is being revised because care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured 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?	r. 30 (2)
Notes					

PART B: Contributing Factors
(Complete applicable questions if non-compliance is identified in Part A.)

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident receiving occupational therapy and/or speech-language therapy services based on his or her assessed needs?	r. 59 (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the nutrition care and hydration programs include the development and implementation of policies and procedures relating to nutrition care and dietary services and hydration, in consultation with a dietitian who is a member of the staff?	r. 68 (2) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the nutrition care and hydration programs include the identification of any risks related to nutrition care and dietary services and hydration?	r. 68 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the nutrition care and hydration programs include the implementation of interventions to mitigate and manage the identified risks related to nutrition care and dietary services and hydration?	r. 68 (2) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration?	r. 68 (2) (d)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a weight monitoring system to measure and record each resident's weight on admission and monthly thereafter?	r. 68 (2) (e) (i)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a weight monitoring system to measure and record each resident's body mass index and height on admission and annually thereafter?	r. 68 (2) (e) (ii)
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with?	r. 8 (1) (a) (b)
Notes					

General Requirements for Programs

No.	Yes	No	N/A	Question	Act/Reg.
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> • goals and objectives • relevant policies, procedures, protocols • methods to reduce risk • methods to monitor outcomes, and • protocols for referral of resident to specialized resources where required? 	r. 30 (1) 1
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Nutrition and Hydration, for example:

- Admission Process
- Critical Incident Response
- Continence Care and Bowel Management
- Dining Observation
- Infection Prevention and Control
- Medication
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Safe and Secure Home
- Skin and Wound Care
- Snack Observation
- Training and Orientation