



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 2, 2014	2014_292553_0015	O-000267- 14	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

BAY RIDGES
900 SANDY BEACH ROAD, PICKERING, ON, L1W-1Z4

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

MATTHEW STICCA (553), CAROLINE TOMPKINS (166), GWEN COLES (555),
MARIA FRANCIS-ALLEN (552), PATRICIA BELL (571)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

**This inspection was conducted on the following date(s): May
20,21,22,23,26,27,28,29 2014**

The following additional logs were inspected concurrently with the Resident Quality Inspection Log # O-000241-13, O-000250-13, O-000761-13, O-000014-14, O-000095-14 and O-000395-14

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Assistant Director of Care, Food Service Supervisor, Environmental Service Manager, Programs Manager, Registered Dietitian, RAI Coordinator, Resident Service Coordinator, Program Assistant, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Residents, Family members, Residents' Council President and Private Care Givers.

During the course of the inspection, the inspector(s) toured the home, observed dining service, observed medication pass, reviewed resident health care records, reviewed resident council and family council meeting minutes, reviewed the homes policies on handling of medications, immunizations of staff and residents, falls prevention and management, reporting of complaints, and pet visitations.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
 - (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

- 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. 2007, c. 8, s. 6 (7).**



Findings/Faits saillants :

1. The licensee failed to provide clear direction to staff regarding the use of incontinence products use for Resident #461.

During a family interview Resident #461's substitute decision maker (SDM) indicated that they observed Resident #461 wearing a "diaper" one morning which is unusual for Resident #461.

Review of Care plan for Resident #461 completed on 4/4/2014 indicated the following:

-Resident #461 does not require a toileting program and has less than daily bladder incontinence as evidenced by occasionally incontinent of bladder, aware of urge to void due to impaired cognition

* See Prevail list for current continence care product(s) used

Review of list of incontinence products for Alderwood Care unit.

On that list Resident #461 does not require an incontinence product.

Review of RAPs quarterly assessment for Resident #461 indicates the following:

Nature of the problem/condition:

Resident #461 does use incontinence products mainly on nights but will continuously remove it. No referrals needed at this time.

Interview with Staff #106 on May 27, 2014 at 10:55hrs:

Staff #106 indicated that the list that is kept on the inside of the cupboard across from the nursing station is the list that staff are to use to apply incontinence products to a resident.

Interview with Staff #123 on May 27, 2014 at 10:55hrs:

Resident #461 does not wear an incontinence product, Resident is aware enough to go to the bathroom. Sometimes, Resident #461 will need help to go to the bathroom.



The licensee failed to provide clear direction to the staff in the written plan of care regarding the use of incontinence products for Resident #461. [s. 6. (1) (c)]

2. The licensee failed to provide care for Resident #461 as specified in the plan of care regarding social activities.

Review of Care plan for Resident #461 completed on 4/4/2014 indicated the following:

-Resident #461 requires support to engage in meaningful recreation and leisure activities.

* Resident #461 has no religious affiliation. Staff to respect this and not invite Resident #461 to any programs of a religious nature.

Review of Participation in programs for March, April and May 2014.

March 2014:

Spiritual Groups: March 24, 2014

Church Service: March 22, 2014

April 2014:

Spiritual Groups: April 5,7,21, 2014

Church Service: April 6, 2014

May 2014:

No religious themed events were attended.

Interview with Staff #127 on May 28, 2014 at 12:34hrs

Staff #127 indicated that Resident #461 will attend many events, their participation in activities includes: baking, pub/nights, special events, music.

Staff #127 indicated that they will bring Resident #461 to church services (either



Anglican or United) for the music aspect of the activity. Nothing to do with the religious nature of it.

Staff #127 stated that no other staff will bring Resident #461 to the religious events. [s. 6. (7)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that, drugs are stored in an area or a medication cart that is secure and locked.

Inspector #553 observed:

-On May 22, 2014 at 09:08 the medication cart on Sandy Beach Care unit was left unlocked outside the dining room with Registered Staff in dining room. Drawers were accessible and Inspector #553 was able to access all of the drawers.

Staff #100 was in dining and came to the medication cart. When asked what the expectation was with the medication cart being left unattended, Staff #100 said that medications should be cleared off of the top of it and that the cart was to be locked. When asked if the cart was locked, Staff #100 indicated yes, however Staff was able to open the cart without the use of the key.

-On May 23, 2014 at 13:10 the medication cart on Alderwood Care unit was left unattended and unlocked while Staff #108 was away from the cart. Inspector #553 was able to open drawers on the medication cart.

When asked what the expectation was with the medication cart being left unattended, Staff #108 said that medications should be cleared off of the top of it and that the cart was to be locked. When asked if the cart was locked, Staff #108 indicated yes, however Staff was able to open the cart without the use of the key.

While in the home for the inspection the home's pharmacy service provider came in to the home to perform maintenance on medication carts on Sandy Beach and Alderwood Care units. [s. 129. (1) (a) (ii)]

2. The licensee failed to ensure that controlled substances are stored in a separate locked area within the locked medication cart.

Observed during a medication pass on May 26, 2014 at 11:30 an unsecured narcotic bin lid located in secured medication cart stationed in the hallway of the unit. Observed that the medication cart was locked when Staff #113 was not in attendance. Interview conducted with Staff #113 at time of observation who confirmed the narcotic bin lid was not securely locked. Staff #113 reported the expectation is for narcotic bin to be locked at all times, and then proceeded to secure the narcotic bin lid. [s. 129. (1) (b)]



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee failed to comply with O. Reg. 79/10, s.229 (4) where by the licensee ensure that all staff participate in the implementation of the infection prevention and control program.

Observed by Inspector #553

-Resident #437: had a toothbrush, hair brush and tooth paste not labelled in Resident #437's bathroom, this is a shared bathroom.

-Resident #473: had deodorant not labelled in Resident #473's bathroom, this is a shared bathroom.

-In Sandy Beach Care Unit shower room, an unlabelled aerosol can of deodorant was noted and in the spa room there was an unlabelled stick of deodorant that was used.

Staff on Sandy Beach indicated to Inspector that these were used on Residents if they did not have their own. [s. 229. (4)]

2. The licensee failed to ensure that each resident admitted to the home is screened for tuberculosis (TB) within 14 days of admission.

Review of Immunization report for 2013 indicates:

Resident #001 had their 1st step TB test completed 39 days after admission.

Resident #002 had their 1st step TB test completed 37 days after admission and no 2nd step documented.

Resident #003 had their 1st step TB test completed 26 days after admission.

Therefore, the licensee failed to ensure each resident admitted to the home is screened within 14 days of admission. [s. 229. (10) 1.]



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Issued on this 2nd day of July, 2014

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