



**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**

**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 conformité**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 3, 2015	2015_339617_0008	000672-15	Follow up

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

BIRCHWOOD TERRACE
237 Lakeview Drive R. R. #1 KENORA ON P9N 4J7

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

SHEILA CLARK (617)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 4, 5, 6, 7, 8, 2015

During the course of the inspection, the inspector(s) spoke with Administrator; Director of Care (DOC), Office Manager (OM), Environmental Services Manager (ESM), RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.

The inspector also conducted a tour of the home, observed resident care, and reviewed resident health care records and audits.

**The following Inspection Protocols were used during this inspection:
Minimizing of Restraining**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 O.Reg 79/10, s. 15. Bed rails



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails are used, the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

Inspector #617 was provided with a copy of the home's bed audit that was completed by Joerns Healthcare Canada in January, 2015. Inspector #617 reviewed the audit which indicated that a total of 96 beds were audited for bed, mattress and rail type. The beds were tested for latch reliability and bed zone entrapment. The results of the testing indicate that all beds passed latch reliability and 57 beds failed entrapment testing in various zones. Recommendations provided by Joerns Healthcare Canada, to resolve the entrapment, indicated that certain mattresses and/or beds be replaced, and rails tightened. Inspector #617 interviewed the Environmental Services Manager regarding their plan for improving resident safety from entrapment risk, who reported that 10 mattresses have been ordered for replacement, one bed had been replaced this year and corporate office has a capital plan to replace the rest of the beds. Inspector #617 was provided with a copy of the 5 year capital plan for the home which indicated that 50 beds will be replaced over the next 5 years, purchasing 10 new beds each year. Residents remain at risk for entrapment safety.

The home completed a bed rail device assessment survey in January, 2015. Inspector #617 reviewed the survey which indicated that a total of 94 residents occupying beds were audited for resident bed rail use, type and purpose. A total of 81 residents used either full or quarter rails for transferring, positioning or fall prevention. The categories for



resident bed rail need, rail security if not needed and assessment for bed system safety were in-complete in the survey for every resident listed. The assessment for resident's need of bed rails was not included in the survey.

Extendicare operations policy regarding bed entrapment and use of bedrail devices indicated that it is the responsibility of the registered staff to conduct a needs assessment for bed rail devices with every resident using a specific tool and a procedure for reference and documentation. On May 6, 2015 at 1245 hrs, inspector #617 interviewed the Director of Care regarding the assessment of residents' need for bed rails, who stated that the home has not yet implemented the use of the assessment tool, procedure and documentation.

Inspector #617 reviewed the health care records for a resident which indicated the that side rails are used and they require the assistance of staff for transferring.

The resident care plan indicated that resident requires bed rails for positioning and safety. The resident care flow sheets indicated that PSWs documented that 2 side rails were provided daily.

A review of the health care records for the resident did not indicate an assessment, reference or documentation of side rail use. Inspector #617 interviewed a non-registered staff member who reported that the resident uses side rails for safety as the resident is no longer able to use them for positioning and confirmed that the information in the care plan is out dated. Inspector #617 interviewed a non-registered staff member who stated that side rails are up as requested by resident. Inspector #617 interviewed registered staff members who stated that the assessment for the use of bed rails for resident was completed on the transfer assessment. Inspector reviewed the transfer assessment for the resident which did not indicate an assessment for the use of the side rails. [s. 15. (1) (a)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: 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. (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; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to 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 resident's care needs change or care set out in the plan is no longer necessary.

Inspector #617 reviewed the care plan for a resident which identified that side rails are used for positioning. Inspector #617 interviewed an unregistered staff member who reported that the resident no longer has the ability to use the side rail for positioning and confirmed that the resident care plan is out dated.

Inspector #617 interviewed RAI Coordinator who stated that it is their responsibility to update the resident care plans and confirmed that the resident care plan is out dated. [s. 6. (10) (b)]

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 all residents are 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, to be implemented voluntarily.



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Issued on this 12th day of August, 2015

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

Original report signed by the inspector.



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

**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 conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SHEILA CLARK (617)

Inspection No. /

No de l'inspection : 2015_339617_0008

Log No. /

Registre no: 000672-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jul 3, 2015

Licensee /

Titulaire de permis :

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

LTC Home /

Foyer de SLD :

BIRCHWOOD TERRACE
237 Lakeview Drive, R. R. #1, KENORA, ON, P9N-4J7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

WENDY SARFI

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /

Lien vers ordre existant: 2014_211106_0014, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
- (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
- (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee is required to prepare, submit and implement a plan for achieving compliance under r. 15(1) of the LTCHA. This plan is to include:

1. Strategies to be taken to ensure that where bed rails are used, all residents receive an assessment.
2. Strategies to be taken to mitigate the safety risk for those residents identified at risk for bed entrapment.
3. A plan to ensure that all staff receive training in the long-term care home's policy to assess bed rail use and entrapment risk of residents and retraining annually thereafter.

The Plan is to be submitted to Sheila Clark, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, via fax or email by July 17, 2015.

Grounds / Motifs :

1. 1. The licensee has failed to ensure that where bed rails are used, the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
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Recommendations provided by Joerns Healthcare Canada, to resolve the entrapment, indicated that certain mattresses and/or beds be replaced, and rails tightened. Inspector #617 interviewed the Environmental Services Manager regarding their plan for improving resident safety from entrapment risk, who reported that 10 mattresses have been ordered for replacement, one bed had been replaced this year and corporate office has a capital plan to replace the rest of the beds. Inspector #617 was provided with a copy of the 5 year capital plan for the home which indicated that 50 beds will be replaced over the next 5 years, purchasing 10 new beds each year. Residents remain at risk for entrapment safety.

The home completed a bed rail device assessment survey in January, 2015. Inspector #617 reviewed the survey which indicated that a total of 94 residents occupying beds were audited for resident bed rail use, type and purpose. A total of 81 residents used either full or quarter rails for transferring, positioning or fall prevention. The categories for resident bed rail need, rail security if not needed and assessment for bed system safety were in-complete in the survey for every resident listed. The assessment for resident's need of bed rails was not included in the survey.

Extendicare operations policy regarding bed entrapment and use of bedrail devices indicated that it is the responsibility of the registered staff to conduct a needs assessment for bed rail devices with every resident using a specific tool and a procedure for reference and documentation. On May 6, 2015 at 1245 hrs, inspector #617 interviewed the Director of Care regarding the assessment of residents' need for bed rails, who stated that the home has not yet implemented the use of the assessment tool, procedure and documentation.

Inspector #617 reviewed the health care records for a resident which indicated the that side rails are used and they require the assistance of staff for transferring.

The resident care plan indicated that resident requires bed rails for positioning



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15. (1) (a)]
(617)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 14, 2015



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 3rd day of July, 2015

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Sheila Clark

**Service Area Office /
Bureau régional de services :** Sudbury Service Area Office