



**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
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Direction de l'amélioration de la
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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_339579_0010 | S-000375- 13,S-000175 -14 | Complaint |

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

JANET MCNABB (579)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): June 17, 18 and 19th,
2014**

Log S-000473-13 was also inspected

**During the course of the inspection, the inspector(s) spoke with the
Administrator, Director of Care (DOC), registered staff, personal support workers
(PSW's), housekeeping staff, residents and the ward clerk.**

**During the course of the inspection, the inspector(s) walked through resident
home areas, observed staff to resident interactions, observed housekeeping
aids, observed tub room areas, reviewed health care records, various policies
and staffing patterns.**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Dignity, Choice and Privacy
Personal Support Services
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. On June 17th, 2014 the inspector did a record review of the current written staffing plan provided to the inspector by the DOC. The plan is not dated or referenced to when it was put in place.

Inspector interviewed staff members #102, #105 and #106 who stated they often do not do the baths, according to resident's care needs as outlined in the bath schedules, because they are short staffed.

Inspector reviewed the schedules supplied by the DOC for the nursing department and PSW's. The inspector noted that there were several unfilled scheduled shifts during a 4 week period.

The licensee has failed to ensure that the staffing plan:

(a) provides for a staffing mix that is consistent with residents' assessed care and safety needs, and

(e) is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. [s. 31. (3)]



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; (a)the staffing plan provides for a staffing mix that is consistent with resident's assessed care and safety needs and that meets the requirements set out in the Act and this regulation; and, (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. Inspector interviewed the DOC who confirmed that baths have not been getting done twice a week as required.

Family had expressed concerns to the Ministry of Health and Long Term Care that baths were not being completed for weeks at a time.

In the course of the inspection resident's #001, had one bath in a two week period documented as refused and no other baths documented and resident's #002 and #003 did not have a bath of any kind documented as being done in a two week period. Inspector interviewed two PSW staff who confirmed that when short staffed the baths are not being completed. [s. 33. (1)]

The licensee has failed to ensure that each resident of the home is bathed, at a minimum, twice per week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.



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 each resident of the home is bathed, at a minimum, twice per week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87.
Housekeeping**

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. Inspector interviewed staff #109 who produced housekeeping daily tracking check off forms and was aware that these forms are to be completed by housekeeping aids when performing cleaning duties.

Inspector noted from the housekeeping binder that some of the housekeeping check off forms were not fully completed to indicate whether basic cleaning of resident's bathrooms were done. On one occasion, it was noted on the housekeeping check off forms that two resident rooms did not get any cleaning done, according to the tracking documentation.

The licensee failed to ensure that procedures are developed and implemented for cleaning of the home, including,

i. resident bedrooms, including floors, carpets, furnishings, contact surfaces and wall surfaces. [s. 87. (2) (a)]



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 as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (a) cleaning of the home, including, (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, to be implemented voluntarily.

WN #4: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :



1. During the inspection, the inspector observed a resident's bed and noted that it was elevated and had bilaterally two quarter rails up at the top of the bed and resident was not in the bed.

Inspector interviewed staff #107 and they stated that the bed is elevated and the rails are up to prevent the resident from trying to get into bed on their own as they are at risk for falls if they transfer into bed independently.

Health records were reviewed and the plan of care did not address doing this as an intervention to prevent falls.

Inspector interviewed the resident who said that the staff frequently leave the bed in a too high position with the rails up to prevent them from getting into bed. The resident indicated to the inspector that this is not a preference for them.

Resident had an assessment done in 2013 that stated they were to be offered choices and encourage independence.

The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences. [s. 6. (2)]

2. The DOC confirmed that the PSW's do not have access to the computer care plans. Inspector interviewed staff who confirmed that the PSW's do not use the computers and access the care plans in the care binders.

Record review of the care plan was done, and for one resident the care plan in the Care Binder for the PSW's to access was dated as reviewed late 2013. The current care plan contained in the PCC (Point Click Care) program was dated recently in 2014.

The licensee failed to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the plan of care and given convenient and immediate access to it. [s. 6. (8)]



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Issued on this 2nd day of July, 2014

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