



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 29, 2011, 2011\_072120\_0021, 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

BURLOAK
5959 NEW STREET, BURLINGTON, ON, L7L-6W5

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the administrator, resident services coordinator, director of care and assistant director of care.

During the course of the inspection, the inspector(s) reviewed the home's complaint response policy and their client services response form and all documentation related to the complaint (#H-001745-11).

The following Inspection Protocols were used during this inspection:

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN - Written Notification
VPC - Voluntary Plan of Correction
DR - Director Referral
CO - Compliance Order
WAO - Work and Activity Order

Legendé

WN - Avis écrit
VPC - Plan de redressement volontaire
DR - Aiguillage au directeur
CO - Ordre de conformité
WAO - Ordres : travaux et activités

<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following subsections:**

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.**

**2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.**

**3. A response shall be made to the person who made the complaint, indicating,**

**i. what the licensee has done to resolve the complaint, or**

**ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**

**s. 101. (3) The licensee shall ensure that,**

**(a) the documented record is reviewed and analyzed for trends at least quarterly;**

**(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and**

**(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).**

**Findings/Faits saillants :**

1. [O. Reg. 79/10 s. 101(1)3.i] The management of the home did not provide the complainant with a response indicating what was done or is being done to resolve the concerns. A written complaint in the form of an e-mail was sent to the Administrator in 2011. In response to the complaint, the Administrator returned an e-mail on the same day indicating that there would be a "follow-up" investigation. However, once the home completed their investigation, the complainant was not informed as to what was done to resolve the concerns. The complainant met with the home's resident services co-ordinator in 2011 to discuss their concerns. However, the complainant was not provided with any information regarding what action was taken to resolve the issues.

2. [O. Reg. 79/10 s. 101(3)(a)] Documented records are not being reviewed and analyzed for trends, at least quarterly and as such, no results of the reviews or analysis are available to be able to determine what improvements are required. The documented complaints are handled by various different departmental managers, depending on the nature of the complaint. The information gathered is retained by the various departmental managers and according to several managers interviewed, the information collected is not shared, analyzed or reviewed to determine what improvements can be made.



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*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 a response shall be made to the person who made the complaint, indicating, what the licensee has done to resolve the complaint and that documented complaint records are reviewed and analyzed quarterly for trends, to be implemented voluntarily.*

Issued on this 20th day of October, 2011

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

A handwritten signature in cursive script that reads "B. Susnik".