



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
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294,
Télécopieur: (905) 546-8255

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Mar 8, 9, 12, 13, 16, 23, Apr 19, 2012; 2012_070141_0001; 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

SHARLEE MCNALLY (141)

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 Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and resident.

During the course of the inspection, the inspector(s) reviewed residents' records, licensee policy and procedure related to continence care, and observed care provided to residents.

Reference to Log# H-002475-11

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Personal Support Services

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
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:**

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;**
- (b) the goals the care is intended to achieve; and**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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

Findings/Faits saillants :

1. An identified resident was not reassessed and plan of care reviewed and revised when the resident's care needs changed. The resident's plan of care indicated the resident was currently using specific aids for assistance in voiding. The RPN confirmed that the resident was not currently using the identified aids. The resident's most recent quarterly Resident Assessment Protocol (RAP) indicated the aid had only been used once in the previous quarter. s.6.(10)(b)
2. The plans of care for 3 identified residents did not give clear direction for continence care. Their written plans of care did not identify the frequency that staff were required to toilet the residents or the supervision required by staff while the resident was on the toilet. Staff confirmed they have not been provided clear direction of supervision needed when residents are on the toilet. The ADOC confirmed there is no policy concerning supervision staff should provide when a resident is on the toilet and this direction should be in the resident's individual written plan of care. The DOC confirmed the plan of care should include the individual resident's toileting pattern. s.6.(1)(c)

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 the written plan of care for each resident set out clear directions to staff and others who provide direct care to the resident and the resident is reassessed and plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee did not ensure each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence, and potential to restore function with specific interventions, and that where the conditions or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. The home's policy "Bowel and Bladder Continence Care Program Implementation" (LTC-N05) stated the Admission and/or Situational Toileting Pattern for Bowel/Bladder will be initiated as a component of the Minimum Data Set (MDS) observation seven day monitoring. Four identified residents were identified as not having the template completed at the time of admission. The DOC confirmed that the assessment for bladder patterns should be completed at time of resident admission. s.51(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 each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence, and potential to restore function with specific interventions, and that where the conditions or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

Issued on this 19th day of April, 2012



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

Charles McHally