



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

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

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

**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**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de
London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

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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
Feb 14, 2014	2014_182128_0002	L-000114-14	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

COLUMBIA FOREST
650 MOUNTAIN MAPLE AVENUE, WATERLOO, ON, N2V-2P7

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

RUTH HILDEBRAND (128)

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): February 12 & 13, 2014

This inspection was done in conjunction with Inspector, Donna Tierney, #569 who was on orientation.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Resident Services Coordinator, 2 Registered Nursing Staff, 6 Personal Support Workers/Students (PSW), Education Manager, Environmental Services Manager, 1 Maintenance Worker, 1 Housekeeping Aide, 1 Laundry Aide, 2 Physiotherapy Assistants/Student, 10 Residents, and 1 Family Member.

During the course of the inspection, the inspector(s) observed resident rooms and care provided to residents, observed personal care equipment, reviewed clinical records, conducted tours of identified areas, including housekeeping and laundry.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Contenance Care and Bowel Management

Falls Prevention

Skin and Wound Care

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is a safe environment for its residents.

An unattended cart containing physiotherapy equipment was observed, February 13, 2014, in a lounge area. Items on the cart included two one pound weights, a metal cervical traction device with a rope attachment and a metal bar used for exercising legs or arms.

The Executive Director acknowledged the safety risk related to the items, on the cart, being potentially used as assault items.

She took immediate action to ensure that the cart was removed from the area and locked away. [s. 5.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.

Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a resident-staff communication and response system was accessible to all residents.

On February 13, 2014, Inspector #569 observed Resident #3, in bed, calling for assistance.

The resident did not have the call bell/communication response system within reach. A Registered Nurse and the Executive Director acknowledged that the expectation is that residents have call bells accessible to them. [s. 17. (1) (a)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. A clinical record review, on February 13, 2014, for Resident # 1, revealed that his/her wound was not reassessed at least weekly with assessments occurring in 13 days, 3 days, 11 days, 9 days, 2 days, and 4 days.

A Registered Nurse confirmed that the assessments were not completed at least weekly and acknowledged that the expectation was that weekly wound assessments are completed for all residents with altered skin integrity. [s. 50. (2) (b) (iv)]



WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident was assisted with eating or drinking, including safe positioning of residents who require assistance.

February 12, 2014, Resident #2 was observed being assisted with drinking, at the lunch meal, by a PSW, who was standing to feed him/her. The resident was at potential choking risk related to the unsafe eating position.

A Registered Nurse and the Executive Director indicated that the expectation is that staff are seated at eye level while assisting residents with eating/drinking. [s. 73. (1) 10.]

WN #5: 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,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).



Findings/Faits saillants :

1. The licensee has failed to ensure that the organized program of housekeeping includes procedures for cleaning of the home, including resident furnishings, floors, and resident care equipment/assistive devices.

Observations on February 12 and 13, 2014 of Resident # 1 revealed that the wheelchair was dirty with food crumbs, and had debris and spills on it. The wheels were noted to have dried red beverage on them as well as a build up of debris. Additionally, the resident's wheelchair cushion was soiled and had debris on it as did the walker.

A table was also noted, in the same resident's room, to have a build up of dust and crumbs on it.

A personal support worker and a maintenance worker confirmed the observations and acknowledged that they were not clean.

Resident #4 was observed on February 13, 2014, sitting in a hallway with a dirty walker next to him/her.

The Executive Director observed and acknowledged that the wheelchair and walker for both residents were dirty and should have been cleaned. She indicated that the home needed to look at the cleaning schedule for this equipment. [s. 87. (2) (b)]

2. Two home areas were observed, February 13, 2014, to have a build up of dirt where the threshold strips have been removed between the carpet and flooring. The Executive Director acknowledged that the expectation is that the dirt should not be there and the home is kept clean. [s. 87. (2) (b)]



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Issued on this 14th day of February, 2014

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

RUTH HILDEBRAND