



**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 22, 2013	2013_170203_0002	L-000035-13	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**

FOREST HEIGHTS  
60 WESTHEIGHTS DRIVE, KITCHENER, ON, N2N-2A8

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

CARMEN PRIESTER (203)

**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): January 29, 2013 and March 7, 2013**

**During the course of the inspection, the inspector(s) spoke with The Director of Care, the Environmental Services Manager, the Executive Director, The Assistant Director of Care, 6 Personal Support Workers, 3 Registered staff, and 6 Residents.**

**During the course of the inspection, the inspector(s) observed meal service for 2 meals, toured resident care areas, observed resident care, reviewed clinical records, policies and procedures and staff education records related to this inspection.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**

**Accommodation Services - Maintenance**

**Dignity, Choice and Privacy**

**Dining Observation**

**Infection Prevention and Control**

**Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**

1. The licensee has not ensured that all staff participate in the implementation of the infection control program. This was evidenced by the following observations:  
The staff wearing hair nets did not have the net completely covering their hair.  
A fan that was visibly soiled with dust and dirt, was left blowing onto resident tables during meal service.

The dietary aid cleaned soiled counters and carts and then proceeded to handle hamburger buns without performing hand hygiene or using tongs/gloves.

The Personal Support Workers (PSW) did not wash their hands or use hand sanitizer between clearing dirty dishes and serving the next course.

Outside of the dining room entrance there was a bag of dirty linen left on the floor.  
When plating the soup, the dietary aide held the bowl with her thumb on the inside of the bowl.

The Director of Care confirmed that these practices are not in keeping with the expectations of the home. [s. 229. (4)]



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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 all staff participate in the implementation of the infection control program specifically, understanding the concepts of clean and dirty areas, cross contamination and handwashing, to be implemented voluntarily.***

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**WN #2: 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).**

**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,**

**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

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**Findings/Faits saillants :**

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1. The licensee has not ensured that there is an organized program of housekeeping that addresses the cleaning of common area floors such as dining rooms.

The dining room floors were observed to be sticky with food materials and liquid spills from the previous meal.

The large window beside a steam table had a wide window ledge that was visibly soiled with food debris, dirt and grease.

A wall fan was visibly soiled with dirt and a black material. Staff confirmed that the fan is used to bring fresh air into the dining room between meals. The fan was observed operating through the beginning of meal service. The residents had to request that the staff turn off the fan because they were cold.

The shelf above the steam table, was dirty with food debris from the previous meal. [s. 87. (2) (a)]

2. The licensee has not ensured that there is an organized program of housekeeping to address instances of lingering odors.

An identified resident area had a lingering odor of urine throughout all halls. Linen carts were noted to be full of soiled linen and left sitting in the hallway while residents were in the dining room for meals. [s. 87. (2) (d)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**

**(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

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**Findings/Faits saillants :**



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1. The licensee has not ensured that there is an organized program of maintenance services that addresses routine, preventative and remedial maintenance. There were five rooms identified that required wall repair and painting. There are many areas where the wall corners were damaged and required repair or corner guard. Elevator area on third floor: walls to the right as you exit the elevator are in need of repair... holes, missing paint and damage from missing hand rail. To the left as you exit the elevator there is a liquid substance that has dripped down the wall and stained the wallpaper/painting. The Environmental Manager confirmed there was no formal program in place for wall repair. Wall repair was only completed as it is noted in the maintenance log. [s. 90. (1) (b)]

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**Issued on this 22nd day of March, 2013**

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