



**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 3, 2015	2015_189120_0083	L-008340/8343-15	Follow up

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 27, 2015

An inspection (Resident Quality Inspection 2015-258519-0010) was previously conducted February 18 - March 2, 2015 and several Orders issued. Order #004 was issued related to the home's maintenance program and Order #006 was issued related to cleaning and disinfection practices related to personal care articles. For this follow-up inspection, all of the conditions laid out in Order #006 were met and the Order was closed. For Order #004, all but one condition was met, and the remaining non-compliance is identified below.

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor, Infection Control Designate and housekeeping staff.

During the course of the inspection, the inspector toured all of the tub/shower rooms, soiled utility rooms, common areas and many resident rooms/washrooms, reviewed written cleaning and disinfection procedures for bed pans and wash basins, maintenance policies and procedures, painting log and maintenance audits.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 87. (2)	CO #006	2015_258519_0010		120
O.Reg 79/10 s. 90. (1)	CO #004	2015_258519_0010		120

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 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).

Findings/Faits saillants :

1. The licensee did not ensure that procedures were in place for preventive maintenance related to surfaces, fixtures and furnishings in the home.

An order was previously issued on March 25, 2015 relating to the condition of the homes walls, doors/trim, chairs, window sills, flooring material and plumbing fixtures. The order required the licensee to repair or replace any deficiencies and to develop procedures and schedules to remediate them and to continue to monitor and maintain the various surfaces, furnishings and equipment in the home by developing procedures and inspection pr audit forms.

During this inspection, the majority of the repairs were observed to have been addressed (outstanding items listed below), several audits completed to monitor the condition of interior surfaces and furnishings but no written procedures were developed as required. A review of the current maintenance manual used by maintenance staff in the home was completed with the Environmental Services Supervisor on October 27, 2015 and did not contain any new procedures developed to address the requirements of maintaining the home's plumbing fixtures (sink drains, sinks, taps), windows (screen, sill, glass, frames), interior doors and trim (hardware, surfaces), furnishings (beds, chairs, wardrobes, night tables, lamps, mattresses, tables) and flooring material including baseboards.

The preventive maintenance portion of the program included the use of a form titled "Room Maintenance Audit" and was developed to regularly document the status of the above noted surfaces, fixtures and furnishings. When reviewed, information was missing from the audit such as the name of the auditor, the date of the audits, a legend to interpret the letters used in the audit (r, w, rw) and a follow-up or comments section to indicate what was done and when.



During a tour of all of the home's common areas, tub/shower rooms and random resident rooms, the following was identified which remained outstanding:

1. Rusty sink drains were observed in washrooms #332, 245, 244, 246, 356, 364, 205. Chrome faucets were worn in numerous resident washrooms such as #321, 243, 263, 269, 203, 210.
2. Wall surfaces behind toilets in washrooms #266, 268, 262, 269, 267, 228, 344 had not been painted or resurfaced to either remove the old wall paper or paint over it to provide a cleanable surface.
3. Baseboards missing near the washrooms in rooms #263, 327 and 305, (large chunk of plaster/drywall missing or severely damaged). [s. 90(1(b))]

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 written procedures are in place for preventive maintenance related to surfaces, fixtures and furnishings in the home, to be implemented voluntarily.

Issued on this 13th day of November, 2015

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

Original report signed by the inspector.