



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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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>
May 30, 2016	2016_457630_0016	015703-16, 015867-16	Complaint

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**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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**Long-Term Care Home/Foyer de soins de longue durée**

FOREST HEIGHTS  
60 WESTHEIGHTS DRIVE KITCHENER ON N2N 2A8

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

AMIE GIBBS-WARD (630)

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**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): May 25, 2016.**

**The following inspections were conducted concurrently during this inspection:**

**Log # 015703-16 complaint related to falls prevention and management**

**Log # 015867-16 complaint related to falls prevention and management and  
resident care**

**Log # 015180-16/CI 2707-000023-16 related to incident of a fall with hospital transfer**

**During the course of the inspection, the inspector(s) spoke with the Executive  
Director, an Associate Director of Care, a Resident Care Co-ordinator, one  
Registered Nurse, one Registered Practical Nurse, three Personal Support Workers  
and a family member.**

**The inspector also conducted a tour of resident areas, observed residents and the  
care provided to them, reviewed health care records and plans of care for identified  
residents, reviewed relevant policies and procedures of the home and reviewed  
relevant internal incident reports.**

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

**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**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)**



**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 O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure any actions taken to a resident under the falls prevention and management program were documented.

During an interview with the Associated Director of Care (ADOC) it was reported that an identified resident had sustained multiple falls since admission to the home. The ADOC said it was the expectation in the home that staff would document all required parts of the post-fall assessments which included the notification of the Substitute Decision Maker (SDM). The ADOC acknowledged that the registered nursing staff had not fully completed all required post-fall documentation for this identified resident.

During an interview with the Executive Director (ED) and ADOC they reported that it was the expectation in the home that documentation related to falls assessments and interventions, including the notification of the SDMs, would be completed as per the home's policy. [s. 30. (2)]

***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 with ensuring any actions taken for a resident under the falls prevention and management program are documented, to be implemented voluntarily.***

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**Issued on this 31st day of May, 2016**

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

**Original report signed by the inspector.**