



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 performance du système de santé
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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Dec 10, 2013, 2013_183135_0076, L-000962-13, 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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 3-4, 2013.

During the course of the inspection, the inspector(s) spoke with Director of Care, Food Services Manager, two Registered Practical Nurses, Personal Support Worker, Family member and Resident.

During the course of the inspection, the inspector(s) reviewed resident's clinical records, policies and procedures for Falls Prevention, Nutrition and Hydration and related staff training. Observations of residents were conducted in resident home areas and during dinner service.

The following Inspection Protocols were used during this inspection:



Falls Prevention

Infection Prevention and Control

Nutrition and Hydration

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).



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Loi de 2007 sur les foyers de
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Findings/Faits saillants :

1. The Licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan when the following occurred:

Resident's nutritional plan of care states resident is to be provided 250 mls. each of honey thick water and honey thick hot beverage and 125 mls. each of honey thick juice and honey thick milk at dinner.

December 3, 2013, during dinner service, it was observed with the home's Food Services Manager that the resident received 125 mls. of nectar thick water and 125 mls. of nectar thick juice.

Food Services Manager confirmed that resident had not been provided an additional 125 mls. of water, 250 mls. of hot beverage nor 125 mls. milk as per the plan. The fluids provided were nectar thick in consistency and not honey thick as per the resident's plan of care.

During an interview the Director of Care confirmed her expectation that the care set out in the plan of care is provided to the resident as specified in the plan. [s. 6. (7)]

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 ensuring that the care set out in the plan of care is provided to the resident as specified in the plan, related to correct fluid amounts and consistency of fluids, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The Licensee failed to ensure the home's plan, policy, protocol, procedure, strategy or system was complied with as evidenced by the following:

Homes Food and Fluid Intake Monitoring Policy LTC-G-30 August 2012, states: Referral to the RD will be initiated if a Resident's fluid intake for three consecutive days is recorded as less than his/her assessed requirement.

The home's fluid monitoring policy was not complied with when the following was observed:

Record review revealed there was no documented evidence a referral was made to the RD when resident's fluid intake was below their assessed requirement of 1925 mls./day when resident's average daily fluid intake from November 20-25, 2013, was 617 mls./day.

In an interview the Food Services Manager confirmed the RD had not received a referral for resident whose fluid intake was below their assessed fluid requirements for three consecutive days, November 20-25, 2013.

During an interview the Director of Care confirmed her expectation that the home's Food and Fluid Intake Monitoring Policy be complied with related to referral to the RD when residents intake is below their assessed requirement for three consecutive days.

[s. 8. (1)]



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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 ensuring that the home's Food and Fluid Intake Monitoring Policy is complied with related to referral to the RD when residents intake is below their assessed requirement for three consecutive days, to be implemented voluntarily.

Issued on this 10th day of December, 2013

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

Bonnie MacDonald