



**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**

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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**Public Copy/Copie du public**

<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>
Dec 10, 2013	2013_264525_0003	L-000966-13	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**

SHANNON WATT (525), BONNIE MACDONALD (135)

**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): December 3, 2013**

**During the course of the inspection, the inspector(s) spoke with Director of Care, Assistant Director of Care, Environmental Service Manager, Activity Manager, Food Service Manager, Registered Nurse, 2 Registered Practical Nurses, Personal Support Worker, Dietary Aide, 2 Residents, and a Family Member.**

**During the course of the inspection, the inspector(s) Conducted a tour of all residents areas. Inspectors conducted resident clinical record review, policies and procedures for infection control, missing items, and meal times. Observations of lunch service and resident care were conducted in resident home areas.**

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

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Accommodation Services - Maintenance**

**Contenance Care and Bowel Management**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Reporting and Complaints**

**Sufficient Staffing**

**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. 3. Residents' Bill of Rights**

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

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

**Findings/Faits saillants :**



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1. The licensee has failed to ensure that every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs as evidenced by the following:

During second seating lunch service on December, 3, 2013 in dining room residents arrived at 1300 hours for lunch. It was noted at 1355 that 10 of 14 or (71.4%) of dining tables had yet to receive their main entree meal. At 1415 residents were still being served main entrees. Residents were in dining area waiting to be served their main entree for 75 minutes. Scheduled snack service starts at 1445.

During an interview with Food Services Manager and Director of Care, it was revealed that there were ongoing issues with the length of service of meals for residents, and the home was working on new processes to improve meal timing of meals for residents.

An interview with the Director of Care confirmed her expectation is that every resident has the right to be properly sheltered, fed, and care for in a manner consistent with his or her needs. [s. 3. (1) 4.]

***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 every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, to be implemented voluntarily.***

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

**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).**



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**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy, or system was complied with as evidenced by:

Home's Risk Management policy Management of Concerns/Complaints/Complements LB-B-20 April 2013 states:

#6 All employees will be instructed to report concerns or complaints to their immediate supervisor.

#7 The individual who is first aware of the concern will initiate the CSR (Client Services Response) form.

#9 The person who raised the initial concern will be informed of the actions being taken to resolve the concern.

December 3, 2013 Residents were interviewed to inquire if they have had personal items go missing at the home. One resident stated they had lost jewelery in the Spring of 2013. Resident had told the "Head Nurse" about it and "anyone else who would listen". Resident had not heard back regarding "any search" and the home did not get back regarding any investigation or the outcome of that investigation. Resident also stated that the jewelery was still missing.

Record review revealed that no CSR (Client Services Response) form had been initiated in response to the resident's complaint.

In an interview the Registered Practical Nurse stated the home had no process/procedure for lost items other than "we would search for it".

During an interview the Director of Care confirmed her expectations are that as part of their Risk Management program the home should have initiated the CSR form to ensure that the home's policy for the management of Concerns/Complaints is complied with. [s. 8. (1) (b)]



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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 any plan, policy, protocol, procedure, strategy, or system was complied with as in relation to resident missing personal property, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's, furnishings and equipment are kept clean and sanitary when the following was observed during a walk about tour December 3, 2013, with the Director of Care and Environmental Service Manager:

Dining room:

- Dust in all window sills and around floor base
- Floors noted to be sticky and stained with food like substances
- Dining table legs soiled with fluid like spatters
- Window ledges closest to kitchen servery soiled and dusty, noted empty medication cups and feeder cup lid
- 2 brooms and dirty dustpan noted in corner near kitchen steam table
- Exterior vent on wall leading to outside noted to have dust hanging from vent cover

Home areas:

Lounge Area:



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Dust and dirt noted underneath TV stand, behind fish tank and in ceiling vent  
2 red couches both soiled and stained with food/fluid like substances. Numerous  
opened sweetener packages underneath couch  
Numerous coffee stains on lounge floor  
Dead plant underneath window  
2 floral chairs outside lounge across from the nurses station were noted to be soiled,  
and finish has come off chairs legs  
2 green chairs outside lounge noted to have dry white substances on chair sides

Home Hallways:

Heating//cooling units at end of both Hallways soiled and in need of painting

Resident Rooms:

Room #1

Wall above residents bed and bed light noted with numerous brown fluid like stains  
Tube feeding pole stained with dried tube feeding fluid

Room #2

Accumulation of dust on window ledge and behind residents blue chair  
Strong odour of urine noted in the bathroom around toilet plunger left in pail on floor

During an interview the Director of Care and Environmental Service Manager  
confirmed their expectations is that the home, furnishings and equipment are kept  
clean and sanitary. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home`s, furnishings and equipment are  
maintained in a safe condition and in a good state of repair when the following was  
observed during a walking tour December 3, 2013 with the Director of Care and  
Environmental Service Manager:

Dining Room:

Cracked heater below the window, heater cover falling off



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Lounge:

Wall behind floral chairs has a hole and scrape marks

Hallway Tour:

Baseboard on wall to left leading into dining room is coming off the wall  
Holes also noted along right side of wall leading into dining room  
Door frame trim coming off door entrance to the left of room.

Room #3

Wall by bed close to window, paint has been scraped off and wallboard missing at floor base

Room #4

Walls damaged in bathroom have had some wall repair, but in need of painting on wall and behind toilet

During an interview with the Director of Care and Environmental Service Manager confirmed that the expectation is that the home's, furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

***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, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.***

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**WN #4: 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 license has failed to ensure staff participate in the implementation of the infection prevention and control program as observed during meal service as following:

Lunch second seating December 3, 2013:

Personal Support Worker feeding 2 residents at a table was observed not to practice proper handwashing/hand hygiene between handling dirty dishes and serving residents meals.

First seating dinner service December 3, 2013:

During meal service in a dining room observed staff were clearing dirty dishes from tables and returned to the tables to feed residents their dessert without any evidence of hand hygiene/hand sanitizing in between.

During an interview with the Director of Care it was confirmed that her expectations are all staff participate in the implementation of the infection prevention and control program related to hand hygiene. [s. 229. (4)]

***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 ensure staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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Issued on this 10th day of December, 2013

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

Shannon Watt

Bonnie MacDonald