



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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

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**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>
Jun 5, 2014	2014_325568_0006	L-000274- 14, L- 000276-14	Critical Incident System

**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**  
DOROTHY GINTHER (568)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): May 26 & 27, 2014**

**During the course of the inspection, the inspector(s) spoke with 2 Personal Support Workers, 1 Registered Practical Nurse, 1 Registered Nurse (falls program lead), and the Acting Director of Care.**

**During the course of the inspection, the inspector(s) observed staff interactions and the environment on two home areas, reviewed the health care record for identified Residents and the home's policies and procedures pertaining to this inspection.**

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

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



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**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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident.**  
**2007, c. 8, s. 6 (1).**
- 

**Findings/Faits saillants :**

1. The licensee failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident

Interviews with staff revealed that the Resident was at risk of falls. Staff also reported that specific devices were being used to help prevent Resident 001 from falling. The written plan of care, in place at the time of Resident 001's most recent fall, did not include those devices being used to prevent falls.

The Acting Director of Care confirmed that it is the home's expectation that interventions to reduce the risk of falls are documented in the residents' plan of care [s. 6. (1) (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 to ensure that there is a written plan of care for each  
resident that sets out clear directions to staff and others who provide direct  
care to the resident., to be implemented voluntarily.**

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**Issued on this 5th day of June, 2014**

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