

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775
londondistrict.mltc@ontario.ca

Original Public Report	
Report Issue Date: December 1, 2022	
Inspection Number: 2022-1045-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Hillside Manor, Stratford	
Lead Inspector Loma Puckerin (705241)	Inspector Digital Signature
Additional Inspector(s) Julie Lampman (522) Samantha Perry (740)	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): November 8-10 and 14,15, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00001277 related to Falls Prevention and Management. • Intake: #00005526 a complaint related to plan of care, continence care and staffing. • Intake: #00006615 related to abuse and neglect. • Intake: #00011004 related to abuse.

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

Continenence Care
Infection Prevention and Control

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Falls Prevention and Management
Resident Care and Support Services
Safe and Secure Home
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Continence care and bowel management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 56 (2) (a)

The licensee has failed to ensure a resident received a continence assessment when their continence level changed, and they were experiencing a skin integrity issue.

Rationale and Summary

A complaint was received by the Ministry of Long-Term Care (MLTC) that a resident was suffering from an ongoing skin issue due to being incontinent and sitting in an inadequate continence product for long periods of time.

The home's staff stated the resident's continence needs had changed from when they were first admitted to the facility. They indicated the resident was frequently incontinent and had an ongoing skin issue but was using a basic continence product.

A clinical record review showed that the resident had received only one continence assessment since being admitted to the facility.

The Resident Assessment Instrument Coordinator (RAI-C) acknowledged that a continence assessment should have been completed on the resident when their continence needs had changed.

The home's continence policy stated in part that the continence assessment would be completed on move in and on change of continence. It also stated, items triggered from the Continence Assessment would be used to support developing interventions based on the resident's needs.

The lack of assessment placed the resident at an increased risk for not receiving the continence care



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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they required.

Sources: Review of complaint Intake, Continenence Policy-CARE -010-04, resident's progress notes, assessments, and staff interviews.

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