

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

Original Public Report

Report Issue Date: October 30, 2023	
Inspection Number: 2023-1045-0005	
Inspection Type: Proactive Compliance Inspection	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Hillside Manor, Stratford	
Lead Inspector Peter Hannaberg (721821)	Inspector Digital Signature
Additional Inspector(s) Henry Otoo (000753) Melanie Northey (563)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 3-5, and 10-12, 2023.

The following intake(s) were inspected:

- Intake #00098168 was for the Proactive Compliance Inspection 2023.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents’ Rights and Choices
- Pain Management
- Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 148 (2) 2.

The licensee failed to follow their policy related to drug destruction and disposal that states discontinued narcotics and controlled drugs must always be double locked.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that Revera Policy, LTC-Narcotics and Controlled Drugs Management-ON Policy was complied with as a part of the Medication Management System in the home. Specifically, the home did not comply with the licensee's policy to ensure that discontinued narcotics and controlled substances to be destroyed were stored in a double-locked storage area within the home such that only the Director of Care (DOC)/designate with the keys had access to the drugs.

The licensee failed to ensure that narcotic and controlled substances for drug destruction were securely stored in a double-locked stationary cupboard in the medication room prior to destruction.

On October 5, 2023, the inspector observed that the narcotic drug destruction storage bin was completely full, and the inspector was able to get some of the meds out. RPN #116 confirmed through interview that the bin was full, and the nurse attempted to push them down the bin.

On October 10, 2023, the DOC confirmed that the bin was completely full and that on October 6, 2023, pharmacy came in and the drugs were destroyed. Records and observation confirmed the DOC's statement.

Sources: Observations, staff interviews, and record review.

[000753]

Date Remedy Implemented: October 6, 2023

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to prepare a report on the continuous quality improvement (CQI) initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, published a copy of each report on its website.

Rationale and Summary

On March 31, 2023, the fiscal year came to an end and the licensee was required to prepare and publish a report on the CQI initiative for the home. The report was to be published to the home's website within three months.

The reports titled "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" posted on the home's website showed that they were accessible on September 13, 2023 which was two months later than required. Furthermore, the report did not include many of the required components.

The home's Continuous Quality Improvement (CQI) Committee Lead confirmed that the reports on the home's website were the only reports which had been posted publicly and they did not include all of the components required by the legislation.

Sources: interview the home's CQI Lead, record review the home's reports "Quality Improvement Plan" and "Quality Improvement Plan Narrative" (both dated September 13, 2023).

[721821]

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (5)

The licensee has failed to within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

Rationale and Summary

On April 11, 2022 the Fixing Long-Term Care Act came into effect. Three months after the legislation came into effect, the licensee was required to prepare an interim report for the 2022-2023 fiscal year.

The reports titled "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" posted on the home's website showed that they were accessible on September 13, 2023. The Quality Improvement Plan was for the 2023/24 fiscal year. Furthermore, the report did not include all of the required components.

The home's Continuous Quality Improvement (CQI) Committee Lead confirmed that the reports on the home's website were the only reports which had been posted publicly and they did not include all of the components required by the legislation.

Sources: interview with the home's CQI Lead, record review the home's reports "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" (both dated September 13, 2023).

[721821]