

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Oct 22, 2020 | 2020_792659_0022 | 016412-20 | Complaint |

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

Long-Term Care Home/Foyer de soins de longue durée

Riverbend Place
650 Coronation Blvd. CAMBRIDGE ON N1R 7S6

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

JANETM EVANS (659)

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): October 5, 6 and 7, 2020.

The following intake was completed in this complaint inspection: Log #016412, related to shortage of staff, resident neglect and resident choking concern.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Food Service Manager (FSM), a Registered Nurse (RN), Restorative Care Aide, Personal Support Workers (PSWs), Dietary Aides (DA), Ward Clerk and residents.

Observations were completed for general care and cleanliness, staff to resident interactions, provision of care and meal services. A review of resident care plans and relevant clinical documentation, policies and procedures and staff schedules was completed.

The following Inspection Protocols were used during this inspection:

Dining Observation

Personal Support Services

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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 O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to provide residents #001, #011 and #012 with assistive devices required to safely drink during their meals.

Resident #001, #011 and #012 were assessed to require assistive devices for drinking.

Their plan of care directed staff as to which assistive device to use.

On two days during the inspection, resident #001 was observed coughing intermittently while drinking without the prescribed assistive device.

During the inspection resident #011 and #012 were observed drinking without the prescribed assistive device.

The home's policies related to meal service and safe eating, stated that appropriate assistive devices are to be provided to each resident requiring one, as outlined in the resident's plan of care.

Failure to provide resident #001, #011 and #012 with an appropriate assistive device for drinking, may contribute to risk of harm to the residents such as aspiration or choking.

Sources: Plan of care for resident #001, #011 and #012; Policy Pleasurable Meal Service Strategies, CARE17-O40.01, dated October 31, 2019; Dysphagia Management and Safe Eating, CARE7-O10.05, reviewed March 31, 2019. [s. 73. (1) 9.]

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 resident #001, #011 and #012 are provided required assistive devices as indicated in their plan of care, for drinking, to be implemented voluntarily.

Issued on this 23rd day of October, 2020

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

Original report signed by the inspector.