



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

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4ième étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 5, 2013	2013_171155_0011	L-000147-13	Resident Quality Inspection

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

RIVERBEND PLACE
650 CORONATION BLVD., CAMBRIDGE, ON, N1R-7S6

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

SHARON PERRY (155), CARMEN PRIESTER (203), JUNE OSBORN (105)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 12, 13, 14, 15, 19, 20 and 21, 2013.

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Resident Services Coordinator, Dietary Manager, Environmental Services Coordinator, Acting Programs Manager, Office Manager, Physiotherapist, 3 Registered Nurses, 2 Registered Practical Nurses, 12 Personal Support Workers, 2 Dietary Aides, Housekeeping Aide, Activity Aid, Resident Council Representative, 4 Family members, and 40 Residents.

During the course of the inspection, the inspector(s) toured the home; observed dining and snack service; observed resident care; observed staff/resident interactions; observed medication administration; reviewed relevant residents' clinical records; reviewed relevant admission and resident charges records; reviewed posting of required information; reviewed relevant policies and procedures; and reviewed minutes of meetings related to the inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining



- Nutrition and Hydration
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Recreation and Social Activities
- Resident Charges
- Residents' Council
- Responsive Behaviours
- Skin and Wound Care

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. 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 plan of care does not set out clear directions to staff and others who provide direct care to residents.

A resident was on prophylactic antibiotics to prevent infection and this was discontinued. The resident was treated with another antibiotic for a confirmed infection.

The plan of care contains no interventions or mention of the resident being prone to infections. This was confirmed by a Registered Nurse. [s. 6. (1) (c)]

2. During an interview with a resident they expressed concerns about some feelings. On review of the resident's progress notes, a note confirmed that this had been verbalized to several staff. The resident was seen by the physician and some changes were made to the resident's medications. The plan of care for the resident contains no mention of these feelings or any interventions/directions for staff who provide care to the resident.. It was confirmed by the Director of Care that her expectation is that this would be included on the resident's care plan. [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.



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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Findings/Faits saillants :

1. The licensee has not ensured that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of admission.

One resident was admitted and there was no documentation to support that a 24 hour care plan had been developed for the resident. Five days post admission the resident did not have a care plan in Point Click Care (PCC) nor was there a care plan in the care plan binder.

A second resident was admitted and there was no documentation to support that a 24 hour care plan had been developed for the resident. Four days post admission the resident did not have a care plan in PCC or the care plan binder.

A third resident was admitted and there was no documentation to support that a 24 hour care plan had been developed for the resident. Four days post admission this resident did not have a care plan in PCC or in the care plan binder.

This was confirmed by the Registered staff. [s. 24.]

2. A review of the clinical records 7 days after the first resident admitted; 6 days after the second resident was admitted; and 6 days after the third resident was admitted revealed that the care plans have not been initiated electronically or on paper. This was confirmed again by the same Registered staff. [s. 24.]

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 a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home, to be implemented voluntarily.



WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference

Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,**
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**

Findings/Faits saillants :

1. It is noted there is no annual care conference on record for an identified resident since May 27, 2010. During an interview with the Registered Nurse they revealed that the home's practice is that if the family feels a care conference is not necessary then no care conference is held. [s. 27. (1)]
2. An annual care conference for an identified resident was not held. Documentation on December 8, 2012 indicates that family did not want a conference. The Registered Nurse confirmed that no conference was held. [s. 27. (1)]
3. An annual care conference was held for an identified resident in August 2012 with only the Doctor and the Registered Nurse in attendance. Only health issues were mentioned in the documentation. [s. 27. (1)]
4. An annual care conference for an identified resident was held in March 2013 with the following attendees: Resident, Doctor, and a Registered Nurse. There is no documentation to indicate that the plan of care was discussed. This was confirmed by the Registered Nurse. [s. 27. (1)]



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

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 a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; the resident, the resident's substitute decision-maker, if any, and any other person that either of them may direct are given an opportunity to participate fully in the conferences; and a record is kept of the date, the participants and the results of the conferences, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee has not ensured that there are schedules and procedures for routine remedial repair of walls and floors of resident rooms.

Room A: Bathroom flooring by base of toilet is damaged/worn. Painting in bathroom is chipped. Electric Heater under window in room is missing front panel so sharp metal pieces are exposed. Corner is missing baseboard and is damaged.

Room B: Wall damage is noted in bathroom, some is patched but is not painted. Flooring in the bathroom is worn.

Room C: Major corner damage by the window is noted. The electric heater needs painting. Bathroom walls are damaged, some patched but are not painted.

Room D: Corner of wall by wardrobe is damaged and metal is exposed. Bathroom counter top is damaged. Bathroom walls need painting.

The door to the Hillside lounge has broken pieces near the bottom of the hinge and is rough. The plastic plate over the carpet and vinyl flooring is cracked in two places.

Room E: One light bulb is burnt out in bathroom and ceiling paint is chipped in bathroom. The baseboard around wall by toilet is missing and the door frame to bathroom has paint chipped.

Room F: Chipped paint is noted on walls, bathroom flooring is worn and electric heater under window is broken.

Room 220: Bathroom door frame has chipped paint and caulking around counter top is cracked. Bathroom needs painting.

Room G: Bathroom flooring is worn.

The Environmental Services Manager confirmed that there is no routine preventative maintenance program for remedial maintenance in resident rooms. [s. 90. (1) (b)]

2. The licensee has not ensured that water temperatures are monitored once per shift in random locations where residents have access to hot water.

The Environmental Service Manager and Executive Director confirmed that the nursing staff are expected to take the water temperatures in random locations on every shift. A review of the documentation of water temperatures, confirm that they have not been taken once a shift in the months of February and March 2013. There are 17 out of 84 (20%) shifts with no water temperatures in February 2013 and 13 out of 45 (29%) shifts that do not have water temperatures recorded in March 2013. [s. 90. (2) (k)]



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

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 are schedules and procedures in place for routine, preventive and remedial maintenance and to ensure that if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. On March 12, 2013 the Housekeeping room across from room 219 had a key in the lock. The room contained hazardous chemicals. The room door had a sign on the door indicating it must be locked at all times. A Personal Support Worker confirmed that the expectation was that the door be locked.

On March 12, 2013 the Tub room across from room 219 was not locked, nor does it have a lock on the door. There was an unlocked cupboard that contained tub disinfectant. A Personal Support Worker confirmed that the door is not locked and that chemicals were accessible when placed in the identified cupboard as it was not locked. This was reported to the Executive Director by Inspector #155. [s. 91.]

2. On March 13, 2013, Inspector #155 noted tub room A that is not locked, a container of Virox and a bottle of Arjo tub disinfectant in an unlocked cupboard.

On March 13, 2013, Inspector #105 noted tub room A that is not locked, a container of unlabelled tub cleaner on the floor. This was confirmed by the Registered Nurse. This was reported to the Executive Director by Inspector #155. [s. 91.]



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

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 all hazardous substances at the home are labelled properly and are kept inaccessible to resident at all times, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :



1. Inspection of the Medication Storage area in Nursing Office revealed the following outdated medications:

Sterile Water for Injection Din # 02142546 expiry date 2012/12/01--20 vials.

Swiss Super B Complex with 500 mg Vitamin C expiry date February 2013--1 bottle (90 tablets)

Enteric Coated Codlax 5mg expiry date December 2012--85 tablets.

This was confirmed by the Registered Nurse. [s. 129. (1) (a)]

2. It was noted on March 15, 2013 an unattended medication cart outside the dining room had the following medications available on top of the cart:

- a cellophane package of medications containing tylenol, multivitamins, entrophen, pradaria, metoprolol, and spironol dactaole.

-three bottles of medications containing visicare (1 tablet), tegretol (1 tablet), and detrol (1 tablet).

This was also witnessed by Inspector #203 and by a Registered Practical Nurse upon their return from the dining room. [s. 129. (1) (a)]

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 drugs are stored in an area or a medication cart that is secure and locked, and that complies with manufacturer's instructions for the storage of the drugs, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

- i. persons who may dispense, prescribe or administer drugs in the home, and**
- ii. the Administrator.**

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.



Findings/Faits saillants :

1. On March 15, 2013 at 1320 hours the door to the medication room was noted to be open with no staff in attendance. This was confirmed by the Physiotherapist. [s. 130. 1.]

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 all areas where drugs are stored shall be kept locked at all times, when not in use, to be implemented voluntarily.

WN #8: 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. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).



Findings/Faits saillants :

1. There is no evidence to support an annual evaluation of the Infection Control Program.

This was confirmed by the Director of Care. [s. 229. (2) (d)]

2. The staff do not participate in the implementation of the infection control program. Staff were observed dispensing snack down the long hallway wearing gloves. They did not change the gloves throughout the entire snack pass. When asked why they were wearing gloves they responded that they always wear gloves when dispensing snacks. They were touching many and varied contact surfaces without changing gloves before handling food and drink.

During snack cart/nourishment observation on March 20, 2013 at 1445 hours, the Personal Support Worker was witnessed to drop serving tongs from the snack cart to the floor and then pick them up and use them to serve the next piece of banana bread. [s. 229. (4)]

3. Ten resident records were reviewed and there is no evidence to support that tetanus and diphtheria vaccines are offered to residents on admission. This was confirmed by a Registered Nurse. [s. 229. (10) 3.]

4. All staff are not screened for tuberculosis. Ten staff files were reviewed and 5 out of 10 (50%) staff had not been screened for tuberculosis.

This was confirmed by the Office Manager. [s. 229. (10) 4.]



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

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 the infection prevention and control program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and to ensure that all staff participate in the implementation of the program; and to ensure that residents are offered tetanus and diphtheria immunizations in accordance with the publicly funded immunization schedules posted on the Ministry website; and to ensure that staff are screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and , if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the following programs were evaluated and updated at least annually:

Falls prevention and management

Skin and wound care program

Continence care and bowel management

Pain management

Restorative care

Medical services

Accommodation services

This was confirmed by the Executive Director. [s. 30. (1) 3.]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing



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

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. Interviews with two identified residents revealed they would prefer a shower but are bathed instead. Review of the bath schedule confirmed these residents are both scheduled for tub baths twice weekly. [s. 33. (1)]

2. During an interview with an identified resident they shared that they have never been asked their preference for bathing type. Review of bath list revealed this resident gets two tub baths per week.
Interviews with two Personal Support Workers revealed only tub baths are given in the home. [s. 33. (1)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :



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

1. An identified resident shared on interview that they would like to sleep later in the morning and go to bed later at night, but states they are told when they go to bed and when they get up. The resident's admission questionnaire indicates their preferences regarding rest and sleep.

Clinical record review confirmed there is no evidence to support that this is being done. [s. 41.]

2. During an interview with an identified resident they indicated that they would like to be able to sleep in. They stated that "they have a schedule and they get you up when they want". Review of Resident Family Questionnaire done at admission indicates the resident's preferences regarding rest and sleep. There is no direction on the plan of care as to this resident's preferences.

The Director of Care confirmed that the rest routines are not identified on the plan of care. [s. 41.]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :



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

1. An identified resident was admitted and their MDS assessment on admission indicated that they were occasionally incontinent of bladder and their urinary continence has deteriorated compared to the status of 90 days ago. There is no assessment completed on this resident using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence. Two other identified residents were admitted and it is identified on their MDS assessment that they are incontinent. There is no assessment done using a clinically appropriate assessment instrument.

This was confirmed by the Registered Nurse. [s. 51. (2) (a)]

2. The licensee has not ensured that a resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions. The policy manual contains a Resident Assessment Schedule which indicates that within the first 24 hours of admission the resident should have a continence assessment and again with any change in continence status. An identified resident had recently experienced a change in their continence status. Review of the clinical record confirmed that they did not have a continence assessment at the time of their admission or with a change in their continence status. The Registered Nurse confirmed that there was no continence assessment completed at the time of admission nor was there one completed when their continence status changed in the fourth quarter of 2012. [s. 51. (2) (a)]

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs



Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
 - (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).
-

Findings/Faits saillants :

1. An identified resident was admitted in 2010 and their last height was done in 2010. Three identified residents were admitted in 2011 and their last heights were done in 2011.

An identified resident was admitted in 2007 and their last height was done in 2007. It was confirmed by the Registered Nurse that residents do not have their heights checked annually. [s. 68. (2) (e) (ii)]

WN #14: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

- s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).
-

Findings/Faits saillants :



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

1. In interview with the Acting Programs Manager she indicated that she did not think the licensee sought the advice of Residents' Council in developing the satisfactions survey.

The Executive Director confirmed that the licensee did not seek the advice of Residents' Council in developing the satisfaction survey. [s. 85. (3)]

Issued on this 8th day of April, 2013

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

A handwritten signature in cursive script that reads "Sharon King". The signature is written in black ink on a white background within a rectangular box.