



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

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection August 24, 2010	Inspection No/ d'inspection 2010-155-2753-24Aug113622	Type of Inspection/Genre d'inspection Critical Incident (L-00550)
<b>Licensee/Titulaire</b> Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, ON L5R 4B2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Riverbend Place, 650 Coronation Blvd., Cambridge, ON N1R 7S6		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Sharon Perry #155		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a critical incident inspection.		
During the course of the inspection, the inspector(s) spoke with: Lisa McEwan, DOC; Jean Clark, Revera Regional Manager Clinical Services; Fiona Cressman, Education Coordinator; Cathy Jackson, RN; Nadia P., RN; and PSWs.		
During the course of the inspection, the inspector reviewed clinical records; staff education attendance lists for Safety in Ambulating, Lifting, Transferring (S.A.L.T.) program; S.A.L.T. policies and procedures; a Ceiling Lift Inspection Report; and a Lift Start Up Inspection Checklist.		
The following Inspection Protocols were used in part or in whole during this inspection: Critical Incident Response Personal Support Services		
<input type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.  <input checked="" type="checkbox"/> Two (2) findings of Non-Compliance were found during this inspection. The following action was taken:  [2] WN		



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référer au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O.2007,c.8,s.6(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

**Findings:**

1. The care plan for a resident states that a mechanical lift is to be used with two (2) staff. On July 25 2010 a resident was transferred to bed using the mechanical lift with one staff.

**Inspector ID #:** 155

**WN #2:** The Licensee has failed to comply with O.Reg. 79/10,s.107(3)4. The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital.

**Findings:**

1. Resident was transferred to hospital on July 25, 2010 as a result of an injury and the Director was not informed of this incident until August 11, 2010.

**Inspector ID #:** 155

**Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

**Title:**

**Date:**

**Date of Report: (If different from date(s) of inspection).**

August 30, 2010