



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

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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 10, 2013	2013_103193_0006	T-150-13	Complaint

**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**

SHERWOOD COURT LONG TERM CARE CENTRE  
300 Ravineview Drive, Maple, ON, L6A-3P8

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

MONICA NOURI (193)

**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): May 2 and 6/2013

During the course of the inspection, the inspector(s) spoke with resident, family member, direct care staff, registered staff, housekeeping staff, Environmental manager, Education coordinator, Falls program lead and the Executive Director of the home.

During the course of the inspection, the inspector(s) observed provision of care, staff to resident interaction, resident's room, reviewed resident's health records and the licensee's policies and procedure related to the fall prevention program

The following Inspection Protocols were used during this inspection:



**Falls Prevention**

**Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**



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Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).
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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home and furnishings are kept clean and sanitary, as follows.

On May 2/2013 at 9:30am, and on May 6/2013 at 8:30am, resident #1's room was observed.

The floor in the bathroom and in the bedroom was soiled and sticky with dried urine. On May 2/2013 at 1:30pm a yellow armchair was observed to be soiled at the end of the hallway on Noble's Corner unit.

The Environmental manager was informed and confirmed the observations. [s. 15. (2) (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 the home and furnishings are kept clean and sanitary, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**



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**Specifically failed to comply with the following:**

**s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:**

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that all staff who provide direct care to residents received annual training in falls prevention and management pursuant to section O.Reg. 79/10 s. 221 (2).

Through interview with front line staff, the Education coordinator, and review of home's training records it was determined that just 37% (33/89) of direct care staff who provide direct care received this training in 2012. [s. 76. (7) 6.]

***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 direct care staff who provide direct care to residents are provided annual training in falls prevention and management, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



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**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. Home's policy LTC-E-60-ON from August 2012 indicates a FRAT (Fall Risk Assessment Tool) assessment to be completed on an annual basis and/or when there has been a change in the resident's health status during an assessment process.

Progress notes were reviewed for resident #1. On an identified date nursing documentation indicates the resident presented with a scratched nose. On the following two days nursing progress notes indicate that resident had a bruised eye, knees, and wrists. The home's investigation concluded that the resident slipped and fell on the wet floor.

Through staff interview and record review it was determined that a FRAT assessment was not completed as required by the home's policy. [s. 8. (1)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**



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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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's Fall intervention risk management program, required under section section 48 of the regulation, includes a written description of the protocols for referral of residents to specialized resources where required. [s. 30. (1) 1.]

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**WN #5: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that all staff participate in the implementation of the Infection prevention and control program.

Staff interviews indicated that bodily fluids spilled on the floor (urine/feces) are cleaned with paper towels, cotton towels or blankets on day and evening shifts, and left to dry (urine) on night shifts. On day shifts the housekeeping staff is called after that to clean the area, but after 3:30 pm there is no cleaning as required until the following morning.

Housekeeping staff and the Environmental manager indicated the correct process for bodily fluids spills. The nursing staff is responsible to remove the bodily fluid using the mop, bucket, water and the detergent/desinfectant found in the janitor's room, accessible to the nursing staff at all times. The housekeeping staff should be called until 3:30pm to do a thorough cleaning. For incidents after 3:30pm the nursing staff is responsible to clean the area affected and inform the housekeeping staff in the morning. [s. 229. (4)]

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**Issued on this 10th day of May, 2013**

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

A handwritten signature in black ink, appearing to read "M. Green", is written over a white rectangular area.

