



**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**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Feb 14, 2017	2016_260521_0051	032985-16	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

STIRLING HEIGHTS
200 STIRLING MacGREGOR DRIVE CAMBRIDGE ON N1S 5B7

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

REBECCA DEWITTE (521), DOROTHY GINTHER (568)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 5, 6, 7 and 8, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Assessment Instrument Coordinator, the Education Coordinator, two Registered Nurses, one Registered Practical Nurse, six Personal Support Workers, one Housekeeper and a Residents' Council Representative and a Family Council Representative.

During the course of the inspection the inspector(s) toured all resident home areas, observed provision of resident care, a medication pass, staff to resident interactions, infection prevention and control practices, reviewed resident clinical records, posting of required information and reviewed minutes pertaining to Resident and Family Council meetings.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Residents' Council
Skin and Wound Care**

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

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure as part of organised program of housekeeping, procedures were developed and implemented for addressing incidents of lingering offensive odours.

Observations identified an odour.

PSW's acknowledged the odour.

A record review of the odour audit completed identified a spray of "freedom" should be sprayed daily.

A record review acknowledged the issue of the odour of the room was raised.

During an interview with staff it was said there were no additional cleaning measures taken to address the odour.

An interview with management it was agreed the odour continued. The interview further identified the odour responded well to a spray but the spray was only sprayed once per day despite a continued odour and it was the homes expectation that lingering offensive odours were to be addressed.

The scope of the non-compliance was isolated, the severity of the non-compliance was minimal risk and the compliance history was one or more unrelated non-compliance in the last three years. [s. 87. (2) (d)]

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 as part of organised program of housekeeping, procedures are developed and implemented for addressing incidents of lingering offensive odours, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal



Specifically failed to comply with the following:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).

Findings/Faits saillants :

1. The licensee failed to ensure the home's drug destruction and disposal policy included that drugs that were to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that were available for administration to a resident, until the destruction and disposal occurs.

An interview with the Director Of Care it was shared the discontinued narcotic drugs were usually collected on a Friday, and taken to the drug box to await destruction by the pharmacist and the Director of Care. The interview further acknowledged the Registered Nurses were to continue to include the discontinued narcotics in the shift count of medications.

A review of the homes policy CARE13-010.01 Narcotic and Controlled Drugs Management dated July 31, 2016, identified "Nacotic and controlled drugs for destruction/return will remain locked and be included in the narcotic count until they are picked up by the pharmacy provider for destruction".

An interview with the Director of Care to clarify where the narcotics were locked said the discontinued narcotics continued to be locked in the medication carts on the floors until the Director of Care collected them usually on a Friday to place them in the narcotic drug destruction boxes.

The scope of the non-compliance was widespread, the severity of the non-compliance had potential for actual harm and the compliance history was one or more unrelated non-compliance in the last three years. [s. 136. (2) 1.]



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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 the home's drug destruction and disposal policy includes that drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs, to be implemented voluntarily.

Issued on this 16th day of February, 2017

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

Original report signed by the inspector.