



**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**

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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**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 18, 2013	2013_183135_0021	L-000358-13	Critical Incident System

**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**

BONNIE MACDONALD (135)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 12, 2013.

During the course of the inspection, the inspector(s) spoke with Executive Director, Associate Director of Care, Registered Practical Nurse, Nutrition Manager, and Personal Support Worker.

During the course of the inspection, the inspector(s) reviewed critical incident, related internal investigation, resident clinical records, policies and procedures for Pain Management and Nutrition and Hydration. Observations of residents were conducted in a resident home areas.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Pain

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
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.)

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

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**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).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**



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1. Record review revealed the plan of care for the resident did not set out clear directions for staff and others who provide direct care to the resident when the following was observed:

-Resident's Diet on their MDS Nutritional Assessment was not the same diet as that on the resident's plan of care.

Associate Director of Care confirmed, her expectation that resident's plan of care set out clear directions for the staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. Record review revealed, resident's plan of care had not been revised to include pain when resident's care needs changed related to increasing pain. Associate Director of Care, confirmed her expectation that resident's plan of care be revised when resident's care needs change; and that the plan of care reflect that there is a pain management strategy in place. [s. 6. (10) (b)]

***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 ensuring resident's plans of care provide clear directions for staff and are revised when resident's care needs change, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**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 for Pain Assessment and Symptom Management, LTC-E-80, August 2012, states:

Resident's pain will be measured using a standardized, evidence-informed clinical tool.

In interview, the Associate Director of Care stated that the home measures resident's pain with a Visual Facial Grimace assessment tool that is documented on the resident's MARS ( Medication Administration Record).

Resident had been experiencing ongoing and increasing levels of pain. Record review revealed the home's Pain Assessment and Symptom Management policy, LTC-E-80 was not complied with when resident's pain level was not measured and documented on the MARS, 11.3% of the time using the Facial Grimace Assessment tool.

Associate Director of Care confirmed her expectation that the home's Pain Assessment and Symptom Management policy be followed and resident's pain will be measured and documented on the MARS. [s. 8. (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 ensuring the home's Pain Assessment and Symptom Management policy be followed and resident's pain will be measured and documented, to be implemented voluntarily.***



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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

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**Findings/Faits saillants :**

1. Resident had a Physician's order to increase their medication.

Review of resident's Pain Flow Sheet revealed, there was no documentation on 15 occasions, or 88.2% of the time that monitored the resident's responses as to the effectiveness of the change in medication.

Associate Director of Care confirmed, her expectation that the resident's responses as to the effectiveness of drugs are monitored and documented. [s. 134. (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 ensuring the resident's responses as to the effectiveness of drugs are monitored and documented, to be implemented voluntarily.***



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Issued on this 18th day of June, 2013

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

*Bonnie Mac Donald*