



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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

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

## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 24, 2015	2015_260521_0040	018498-15	Resident Quality Inspection

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### Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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### Long-Term Care Home/Foyer de soins de longue durée

SUMAC LODGE  
1464 BLACKWELL ROAD SARNIA ON N7S 5M4

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

REBECCA DEWITTE (521), CAROLEE MILLINER (144), TERRI DALY (115)

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## 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): August 10,11,12,13,14,17,18 and 19, 2015.**

**CIS - 017668-15 was also completed within the Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with the Regional Manager, the Executive Director, the Director of Care, the Recreational Manager, the Dietitian, the Environmental Service Manager, Four Registered Nurses, Five Registered Practical Nurses, 10 Personal Support Workers, One Laundry Aide, One Housekeeping Aide, One Activation Aide, 40+ residents and three family members.**

**The Inspector(s) also toured all resident home areas and common areas, observed residents and the care provided to them, staff to resident interactions, recreational activities, dining service, medication administration, medication storage areas, posting of required information, general maintenance, cleanliness and condition of the home. Health care records and plans of care for identified residents were reviewed, as well as the home's staffing schedules and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**



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**Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours**

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

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

**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 licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident;

An interview with a family member revealed the family believed the resident's assistive aids were not managed as they had requested.

Observations revealed the resident's assistive aids were in place. Observations revealed the resident was unable to manage the aids independently.

An interview with two Personal Support Workers revealed they had not been managing the aids when they worked the afternoon shift.

A record review of the resident's plan of care failed to direct staff to manage the assistive aids.

An interview with the Registered Nurse confirmed the plan of care failed to set out clear direction to staff and it was the home's expectation that the plan of care should direct the staff in the required need for management of the assistive aids. [s. 6. (1) (c)]

2. Multiple observations of a resident revealed a specific treatment was required.

An interview with the Clinical Registered Nurse revealed the care was required.

A record review revealed the plan of care failed to address the required care.

The Clinical Registered Nurse confirmed the plan of care failed to address the required care and it was the home's expectation that the plan of care set out clear direction to staff who provide direct care to the resident. [s. 6. (1) (c)]

3. A review of the clinical record for a resident revealed that the plan of care did not set out clear directions.

The Director of Care indicated that they have tried various and specific methods and interventions to alleviate an odour.

The home was currently utilizing odour control options, including an air purifier and specific treatment plan that was not in the plan of care.



The Director of Care confirmed the expectation was that the individualized written plan of care sets out clear direction. [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 the plan of care set out clear directions to staff and others who provide direct care to the resident, 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).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that their plan, policy protocol, strategy or system instituted for nutritional referrals was complied with.

The home's Nutritional Referral Policy, revised August 2012, identified that a referral would be made to the Registered Dietitian (RD) with any significant change in the resident's nutritional and health status and that the RD would make nutritional recommendations once an assessment with the resident was completed. The RD would document any changes in the resident's care plan.

A clinical record for a resident revealed the resident experienced a significant change in the resident's nutritional health.

A referral was made by registered staff to the RD.

The RD observed the resident during a meal and documented confirmation that the resident had experienced a change in nutritional health status.

A written plan of care was not developed related to the change in health status.

An interview with a Registered Nurse (RN) confirmed the Nutritional Referral did not result in a nutritional assessment and recommendations.

The Director of Care (DOC) confirmed the Nutrition Referral policy was not followed with the referral.

The DOC confirmed it was the home's expectation that a nutritional assessment should have been completed in response to the referral. [s. 8. (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 the plan, policy protocol, strategy or system instituted for nutritional referrals is complied with, to be implemented voluntarily.***

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**WN #3: 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. The licensee has failed to ensure that drugs are stored in an area that was used exclusively for drugs and drug-related supplies.

During a review of the the drug storage system it was identified the drugs were not stored in an area exclusively for drugs.

The Director of Care and Executive Director immediately placed the drugs in a storage area exclusively for drugs. [s. 129. (1) (a)]

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Issued on this 1st day of September, 2015

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





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**Original report signed by the inspector.**