Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
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Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jun 11, 12, 13, 14, 15, 19, 20, 21, 22, 25, Jul 19, 20, 23, 24, 25, 2012	2012_141190_0019	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

SUMAC LODGE
1464 BLACKWELL ROAD, SARNIA, ON, N7S-5M4

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

SANDRA FYSH (190), CARMEN PRIESTER (203), CAROLE ALEXANDER (112), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Manager, Food Services Manager, Dietitian, Programs Manager, Office Manager, RAI Coordinator, Nurse Manager/Staff Educator/Nursing Scheduler, RN - Quality Lead, 4 Registered Nurses, 6 Registered Practical Nurses, 8 Personal Support Workers, Cook, 2 Dietary Aides, Laundry Aide, Housekeeping Aide, Activation Aide, 42 Residents and 4 Family Members.

During the course of the inspection, the inspector(s) conducted a tour of the home, including all resident areas and common areas, observed medication administration and drug storage areas, observed meal service and observed residents and the care provided to them. The inspectors also reviewed medical records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed minutes of meetings pertaining to the inspection and observed the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

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.)	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. 6. Plan of care

Specifically failed to comply with the following subsections:

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. A pain focus and interventions to direct staff for a resident's identified pain was not created on the plan of care. The plan of care provides direction for a specific intervention, but this direction is not being followed. [LTCHA,2007 S.O.2007, c.8,s.6(1)(b)]
2. The resident's plan of care has not been based on an assessment of needs as it relates to pain management as evidenced by the following:
a) The resident is on narcotic pain medications regularly/daily, related to diagnosis.
b) During the resident interview, the resident states that pain is not always managed,
c) The clinical record progress notes indicate that the resident is expressing pain. The physio assessment states that the resident is showing signs of pain.
d) A pain assessment has not been completed from March 01, 2012 to current.
[LTCHA 2007 S.O.2007, c.8,s.6(2)]
3. A resident's plan of care does not provide clear directions for resident's morning mouth and dental care. The plan of care does not identify interventions for staff when the resident refuses mouth care. [LTCHA 2007 S.O.2007, c.8,s.6(1)(c)]
4. The plan of care does not clearly set out directions for the staff for the care and management of a resident's specific procedure. It was confirmed that all staff had not been instructed on the policy for this specific procedure. [LTCHA 2007 S.O.2007, c.8,s.6(1)(c)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

s. 48. (2) Each program must, in addition to meeting the requirements set out in section 30,
(a) provide for screening protocols; and
(b) provide for assessment and reassessment instruments. O. Reg. 79/10, s. 48 (2).

Findings/Faits saillants :

1. The home has an interdisciplinary falls prevention and management program developed, however the program has not been implemented with an aim to reduce the incidence of falls and the risk of injury to the residents as evidenced by:
a) Falls prevention meetings do not occur regularly as per policy and do not reflect a review of resident incidents and short or long term plans and interventions to reduce falls.
b) The corporate policy sets out policies, procedures and instruments for assessment and re-assessment. The home has not implemented a comprehensive falls management program to identify, manage, track and analyze falls and take steps for further falls prevention within the home.
c) An identified resident had two falls and has not had falls assessments completed.
d) The Director of Care confirms that a comprehensive analysis of falls has not been happening. [O.Reg.79/10,s.48(1)(1)
2. The Licensee has not fully implemented a pain management program as evidenced by:
a) The Home does not use an appropriate pain assessment tool to identify pain in residents on admission, quarterly and with a change in pain status.
b) The Home's policy states that "each resident will be assessed by the registered staff upon admission, quarterly, annually and with any identified alteration of Resident's pain process".
An identified resident has not had a pain assessment completed as per the policy. This information was confirmed by the Registered Nursing staff.
c) The corporate policy is available in the home, but they have not implemented the components of the program, including the procedures and instruments for assessment and re-assessment. [O.Reg.79/10s.48(2)(b)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. Two written notices of non-compliance have been issued previously in July, 2011 and Jan, 2012 related to O.Reg.70/10,s.101(1)(2).

The home did not keep a documented record of a verbal complaint, the action taken to resolve the complaint or documentation of a response to the resident. [LTCHA,2007 S.O.2007,c.8,s.101(2)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. An identified resident indicated reluctance to ring the callbell.
[LTCHA,2007 S.O.2007,c.8,s.3(3)]
2. Three staff members were observed to not be wearing nametags.
Dietary and Nursing staff confirmed that it is the home's expectation that all staff wear nametags at all times while working.
[LTCHA,2007 S.O.2007,c.8,s.3(7)]

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 with ensuring that staff are knowledgeable about residents rights and practice them in their day-to-day work., to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. During a lunch meal on three male residents had their meals placed in front of them for a period of time before staff were available to assist them.
[O.Reg.79/10,s.73(2)(b)]
2. A identified resident was observed to be too far away form the table to reach the meal.
A staff member was observed standing to feed a resident.
[O.Reg.79/10,s.73(1)(10)]
3. During lunch observation a process was not in place to monitor the number of residents in the dining room.
[O.Reg.79/10,s.73(1)(4)]
4. Nine residents were not monitored for meals received in their rooms.
[O.Reg.79/10,s.73(1)(4)]
5. During lunch observation desserts were distributed to residents without consulting a list or reference chart to indicate their diet, special needs or preferences.
[O.Reg.79/10,s.73(1)(5)]
6. During the lunch meal a resident was observed with a lunch plate on their lap. A staff member indicated that the resident cannot get the wheelchair close enough to the table.
Two residents were noted to not have their chairs in the upright position for feeding.
[O.Reg.79/10,s.73(1)(11)]

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 with ensuring that a process to ensure all residents are monitored during meals; ensuring that residents are safely positioned during meals and that a process is in place to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.

WN #6: 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 subsections:

s. 229. (2) The licensee shall ensure,
(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
(c) that the local medical officer of health is invited to the meetings;
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(e) that a written record is kept relating to each evaluation under clause (d) 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. 229 (2).

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

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. Record reviews revealed that three residents checked were not screened for tuberculosis within 14 days of admission. It was confirmed that the expectation is that TB testing is done on admission and documented..
[O.Reg.79/10,s.229(10)(1)]
2. The licensee did not ensure that all staff participated in the implementation of the Infection Prevention and control program as evidenced by:
a) Hairnets covered only the back portion of hair (front half of hair was not covered). [O.Reg.79/10,s.229(4)]
b) Plates were carried from the kitchen with the bottoms of plates touching the food on the plates below.
[O.Reg.79/10,s.229(4)]
c) Hand hygiene/handwashing did not occur between handling soiled and clean dishes.
[O.Reg.79/10,s.229(4)]
d) Clean towels were not appropriately stored for transportation to units.
[O.Reg.79/10,s.229(4)]
e) Several resident bathrooms were identified with equipment that was not clean. [O.Reg.79/10,s.229(4)]
3. There is no evidence of evaluation completed yearly of the Infection Control Program. [O.Reg.79/10,s.229(2(d)]
4. Hand hygiene audits are not analyzed for comparative statistics or quality improvement opportunities.
[O.Reg.79/10,s.229(4)]

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 with ensuring that all resident are screened for Tuberculosis and that all staff participate in the Infection Prevention and Control program., to be implemented voluntarily.

WN #7: 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 subsections:

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has not ensured that policies related to Falls Prevention were complied with as evidenced by:
a) Policy # LTC-N-75 states: All residents will be assessed by the interdisciplinary team upon admission, quarterly, annually and with identified change. This assessment did not occur for three identified residents.
b) The Post Falls Skills Checklist LTC-N-75 and the Resident Fall Documentation Form LTC-N-75 were not found to be completed for a resident after a fall. [O.Reg.79/10,s.8(1)(a)]
2. The home's policy #LTC-N-70 states that the Falls Interventions Risk Management program will provide ongoing evaluation of falls. It was confirmed that the Falls Prevention team has only just begun to meet in the last few months and does not identify residents at risk nor do they address assessments for identified residents, or analyze and trend falls.
[O.Reg.79/10,s.8(1)(a)]
3. The home's policy # LTC-N-25 regarding Skin & Wound management states that the Interdisciplinary team will meet quarterly to discuss resident's wound care status and plan of care. There are minutes available for only one meeting which was held recently. These minutes do not include residents with wounds or an assessment of those wounds. The nurse identified as the Wound Care Champion confirms that they have just started having these meetings.
[O.Reg.79/10,s.8(1)(a)]
4. The facility's policy "Pain Assessment and Symptom Management - LTC-N-45" states that the resident will be assessed "quarterly" for pain and "when behaviours exhibited by resident that may indicate the onset of pain"
The policy was not complied with as evidenced by:
a) The resident clinical record did not include a complete pain assessment from April 01, 2012 to May 31, 2012.
b) The resident interview confirmed the resident had pain that is not always managed at a minimum daily.
[O.Reg.79/10,s.8(1)(a)]
5. An identified Resident had a specific treatment that is performed by nursing staff. It was confirmed that not all staff have access to the policy and procedure for this specific treatment. [O.Reg.79/10,s.8(1)(a)]
6. The Hot Weather Related Illness Assessment Policy LTC-N-80-05 was not complied with. This policy indicates that individualized care plans will be developed in response to hot weather related screening results. Residents identified at high risk did not have care plans to reflect interventions to address the risks.
Staff confirmed that the policy was not complied with.
[O.Reg.79/10,s.8(1)(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 to ensure that where the licensee is required to institute a plan, policy, protocol, procedure, strategy or system that it is in compliance with and is implemented in accordance with applicable requirements under the Act, and that it is complied with, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The three month medication reviews for five identified residents are not current. This was confirmed by a Registered Nurse.

[O.reg.79/10,s.131(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 with ensuring three month medication reviews are complete and current on the resident's chart., to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

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.
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.
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.
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).

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. During a review of the quality improvement program revealed that the required programs regarding falls prevention, skin and wound, continence care and pain management are not evaluated and updated at least annually. [O.Reg.79/10,s.30(1)(3)]

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 with ensuring that required programs are evaluated and updated at least annually, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

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,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces;
(c) removal and safe disposal of dry and wet garbage; and
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. During an audit of resident rooms and bathrooms it was noted that a lingering offensive odour was present throughout the inspection in several resident washrooms.
[O.Reg.79/10,s.87(2)(d)]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following subsections:

s. 107. (3) 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):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. Critical incident reports for incidents involving two separate residents were not submitted. This was confirmed by the Director of Care.

[O.Reg.79/10,s.107(3)(4)]

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

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
(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. A medication cart was observed to be left unattended and unlocked in the hallway outside of the dining room. It was confirmed that the home's expectation is that the cart is locked at any time it is left unattended.
[O.Reg.79/10,s.129(1)(ii)]

WN #13: 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.

Findings/Faits saillants :

1. The effectiveness of medication administered was not documented for two identified residents.

[O.reg.79/10,s.134(a)]

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The plan of care for two identified residents does not identify the specific needs of those residents. [O.reg.79/10,s.26 (3)(19]

2. 100 % of the residents assessed and identified at high risk related to hot weather do not have interventions identified on their individualized care plans.
This was confirmed by a Registered Nurse and the Director of Care. [O.reg.79/10,s.26(3)]

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 with ensuring that the resident's plan of care is current, complete and up-to-date., to be implemented voluntarily.

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. Call bells in the bathrooms were noted to be very difficult to pull in several resident bathrooms.
It was confirmed by the Environmental Services Manager that the call bells can be difficult to pull. [O.reg.79/10,s.17(1)(a))]
2. Call bells were not accessible to residents in several resident rooms.
It was confirmed that the expectation is that call bells are to be placed so residents can reach them easily.
[O.reg.79/10,s.17(1)(d)]

WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

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;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(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).

Findings/Faits saillants :

1. During dining service, it was observed that a small black cart in the kitchen with clean resident lunch trays on it had an accumulation of crumbs and old food splatter on sides and the cart.
A cart that the dietary aide was serving soup from was observed to have debris spilled on it, and the wheels and edges had dirt and debris caked on them.
The Food Service Supervisor states that the carts are to be wiped down daily as needed , wheels of all carts are cleaned on Thursdays, and twice a year all carts are power washed. [O.reg.79/10,s.15(2)(a)]
2. During an audit of resident rooms and bathrooms it was identified that several rooms required preventative maintenance:
[O.reg.79/10,s.15(2)(c)]

Issued on this 30th day of July, 2012

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

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SANDRA FYSH (190), CARMEN PRIESTER (203), CAROLE ALEXANDER (112), TERRI DALY (115)
Inspection No. / No de l'inspection :	2012_141190_0019
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Jun 11, 12, 13, 14, 15, 19, 20, 21, 22, 25, Jul 19, 20, 23, 24, 25, 2012
Licensee / Titulaire de permis :	REVERA LONG TERM CARE INC. 55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2
LTC Home / Foyer de SLD :	SUMAC LODGE 1464 BLACKWELL ROAD, SARNIA, ON, N7S-5M4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DONNA MCLEOD

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the written plan of care sets out goals the care is intended to achieve, clear directions to staff and that the care in the plan of care is based on an assessment of the preferences and needs of that resident.

The plan will also include how plans of care, for all resident of the home will be reviewed, updated and revised on an ongoing basis.

Grounds / Motifs :

1. Previously, a written notification and a voluntary plan of correction have been issued under LTCHA,2007,S.O.2007s8, s.6.

2. A resident's plan of care has not been based on an assessment of the resident's needs as it relates to pain management.
This was evidenced by the following:
The resident is on narcotic pain medications regularly/daily, related to the resident's diagnosis.
a) An assessment was not completed prior to specific pain management interventions.
b) A resident interview confirmed the presence of pain.
b) A resident's clinical record progress notes, indicate the resident is expressing pain; the physio assessment states a resident showing signs of pain.
c) A pain assessment has not been completed in the past quarter for the identified resident.

3. The plan of care does not clearly set out directions for the staff for the care and management of a resident's pain medication.

4. An identified resident's plan of care does not provide clear directions regarding mouth and dental care. (112)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A pain management program to identify pain in residents and manage pain.

This plan must specifically, but not inclusively, address:
a) time frames for completion of each program
b) time frames and plans for staff education on each of the programs.

Grounds / Motifs :

1. The Licensee has not fully implemented a pain management program as evidenced by:
a) The Home does not consistently use an appropriate pain assessment tool to identify pain in residents on admission, quarterly and with a change in pain status.
b) The Home's policy states that "each resident will be assessed by the registered staff upon admission, quarterly, annually and with any identified alteration of Resident's pain process." An identified resident has not had a pain assessment completed as per the home's policy. This information was confirmed by the Registered Nursing staff.
c) The corporate policy is available in the home, but the components of the programs, including the procedures and instruments for assessment and re-assessment have not been implemented. (203)
2. The home has an interdisciplinary falls prevention and management program developed, however the program has not been implemented with an aim to reduce the incidence of falls and the risk of injury to the residents as evidenced by:
a) Fall prevention meetings have not been held regularly and do not reflect a review of resident incidents and short or long term plans and interventions to reduce falls.
b) The corporate policy sets out policies, procedures and instruments for assessment and re-assessment. The home has not implemented a comprehensive falls management program to identify, manage, track and analyze falls and take steps for further falls prevention within the home.
c) A falls assessment has not been completed for an identified resident.
d) The Director of Care confirms that a comprehensive analysis of falls has not been happening, and that an RN has recently been appointed to take over the falls prevention committee. (115)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Order / Ordre :

The licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is kept in a documented record that includes:
a) the nature of each verbal or written complaint;
b) the date the complaint was received;
c) the type of action taken to resolve the complaint, includnig the date of the action, time frames for actions to be taken and any follow-up action required;
d) the final resolution, if any'
e) every date on which any response was provided to the complainant and a description of the response; and
f) any response made in turn by the complainant.

Grounds / Motifs :

1. Previously two written notifications have been issued under LTCHA, 2007 S.O. 2007, c.8, s101(a)(b).

2. During an interview with a resident, it was noted that the Licensee had been notified of a complaint recently. The Licensee did not keep a documented record of this verbal complaint, the action taken to resolve the complaint or documentation of a response to the resident. (190)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2012

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

and the

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: (416) 327-7603
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 25th day of July, 2012

Signature of Inspector / Signature de l'inspecteur : Sandra Fysh

Name of Inspector / Nom de l'inspecteur : SANDRA FYSH

Service Area Office / Bureau régional de services : London Service Area Office