

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: November 10, 2023	
Inspection Number: 2023-1236-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Telfer Place, Paris	
Lead Inspector Peter Hannaberg (721821)	Inspector Digital Signature
Additional Inspector(s) Henry Otoo (000753)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 31, 2023, and November 1-3, 6, and 7, 2023.

The following intake(s) were inspected:

- Intake #00100342 - Proactive Compliance Inspection 2023.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents' Rights and Choices
- Pain Management
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Family Council

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

The licensee has failed to convene semi-annual meetings to advise families and persons of importance to a resident of the right to establish a Family Council.

Rationale and Summary

When there is no active Family Council, the licensee is required to convene semi-annual meetings to advise families and persons of importance of their right to form one. A staff member who had been the Family Council Assistant, stated there was no active Family Council and that they had not met in approximately two years. Inspector 721821 observed that there were no meeting minutes posted in the home from the last Family Council meeting.

The Executive Director (ED) and Director of Care (DOC) stated that the home was advising families of their right to form and/or join the Family Council during resident admission in the welcome package, and a sign was posted on the Family Council board in the home, however, they each stated that semi-annual meetings were not being held.

Sources: staff interviews and observations.

[721821]

WRITTEN NOTIFICATION: Doors in a home

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

The licensee failed to ensure a safe and secure home for residents by not keeping doors locked to areas residents have restricted access to.

Rationale and Summary

On October 31, 2023, the tub room on Maple Road was found opened with no staff and no

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residents present. When interviewed, a staff member said the door was supposed to be locked and then proceeded to lock the door.

On November 3, 2023, the tub room on Evergreen Avenue was found to be open with no staff and no residents present. The Director of Care was informed, and said the door was supposed to be locked, and then locked the door.

Sources: Observations and staff interviews.

[000753]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement any standard or protocol issued by the Director with respect to Infection Prevention and Control (IPAC).

Rationale and Summary

A) The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes states that “The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).”

Observations completed on October 31, 2023, during the initial tour of the home found that a staff member who was providing snacks to residents in different rooms failed to perform hand hygiene between serving residents. The staff was apologetic after interview and performed hand hygiene. The DOC and IPAC Lead both said the staff should have performed hand hygiene in between resident support.

B) The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes also states that “The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include e) Use of controls, including i.

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Environmental controls, including but not limited to cleaning.”

The inspector also observed on October 31, 2023, that two staff members used a lift in a resident’s room and afterward, left it in the hallway without cleaning and disinfection. There were no disinfection wipes attached to the equipment. The inspector asked one of the staff members why the equipment was not cleaned and disinfected after use. The staff member said the equipment was cleaned and disinfected in the morning and that there was no cleaning and disinfection in between resident usage as a normal practice. The DOC confirmed during interview that the practice was to only wipe and disinfect the equipment during the night shift. The DOC stated they would change their practice to provide sanitizing wipes with the equipment and have staff clean and disinfect the equipment after each resident use going forward.

Sources: Observations and staff interviews.

[000753]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to prepare a report on the continuous quality improvement (CQI) initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, published a copy of each report on its website.

Rationale and Summary

On March 31, 2023, the fiscal year came to an end and the licensee was required to prepare and publish a report on the CQI initiative for the home. The report was to be published to the home's website within three months.

The reports titled "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" posted on the home's website showed that they were accessible on September 13, 2023, which was two months later than required. Furthermore, the report did not include many of the required components.

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The home's Continuous Quality Improvement (CQI) Committee Lead confirmed that the reports on the home's website were the only reports which had been posted publicly and they did not include all of the components required by the legislation.

Sources: interview with the home's CQI Lead, record review of the home's reports "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" (both dated September 13, 2023).

[721821]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (5)

The licensee has failed to within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

Rationale and Summary

On April 11, 2022 the Fixing Long-Term Care Act came into effect. Three months after the legislation came into effect, the licensee was required to prepare an interim report for the 2022-2023 fiscal year.

The reports titled "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24", posted on the home's website showed that they were accessible on September 13, 2023. The reports were for the 2023/24 fiscal year.

The home's Continuous Quality Improvement (CQI) Committee Lead confirmed that the reports on the home's website were the only reports which had been posted publicly and they did not include all of the components required by the legislation.

Sources: interview the home's CQI Lead, record review of the home's reports "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" (both dated September 13, 2023).

[721821]