



**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**

**Division de la responsabilisation et de la
performance du système de santé
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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
Aug 23, 2013	2013_031194_0028	000230-13, 000330-13,	Complaint

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

THORNTONVIEW
186 THORNTON ROAD SOUTH, OSHAWA, ON, L1J-5Y2

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 16, 20 & 21, 2013

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Acting Director of Care (ADOC), RAI Co ordinator, Registered Nurse, 4 Personal Support Workers (PSW), and one resident

During the course of the inspection, the inspector(s) reviewed the clinical health records of 22 residents, staffing plan, staffing evaluation and communication memo's

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

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.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA s. 8(3) when there was no Registered Nurse(RN)on duty for 31 night shifts for the period of March 2013 to August 21, 2013.

The Executive Director has confirmed that between the period of March 01, 2013 and August 21, 2013 there were 31 night shifts where there was no RN on duty. The home attempted to fill the position with regular RN staff as well as Agency RN staff but was unable to provide full RN coverage. The staffing compliment consisted of two Registered Practical Nurses (RPN) on duty during the nights in question.

The home was actively recruiting for the Registered Nursing position and interviews were conducted but no successful candidate was found. The home also uses an Nursing Agency for staffing needs. The Registered Nurse position was filled in July 2013. [s. 8. (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 ensuring that a least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times., to be implemented voluntarily.

WN #2: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007 s. 6(9)2 when the outcomes of the care set out in the plan of care was not documented.

Review of the plans of care for both resident #18 and #15 indicate that the residents are to be given a bath twice a week. Review of the bathing list for resident #18 and #15 indicated that the residents were to be provided with a bath on an identified date. Review of the bathing records for the identified date on Point of Care (POC) for both residents did not indicate that a bath was provided.

Interview with PSW #2 and PSW #4 verified that the baths were completed for both residents but that the PSW's had not documented the baths on the identified date. [s. 6. (9) 2.]

Issued on this 23rd day of August, 2013

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