



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 7, 2015	2015_264609_0030	004350-15 & 004101-15 & 008055-15	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

TRILLIUM COURT
550 PHILIP PLACE KINCARDINE ON N2Z 3A6

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

CHAD CAMPS (609)

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): April 30 and May 1, 2015

This Critical Incident Inspection is related to four critical incidents the home submitted related to medication incidents.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Administrator, the Pharmacist, the Maintenance Manager and three Registered Nurses (RN).

The inspector(s) also reviewed internal investigations, policies and procedures, progress notes, electronic medication administration records and made observations of care of residents.

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

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 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 where the home put in place any plan, policy, protocol, procedure, strategy or system that it is complied with.

The home's policy titled "Medication Incidents LTC-F-220" revision date August 2012 requires registered staff to notify the DOC immediately for all incidents that may have contributed to or resulted in temporary harm to the resident and required intervention.

Progress notes revealed that there was a medication incident on a specified date for an identified resident.

In an interview, the RN who noted the medication incident revealed that an incident form was completed, the resident was monitored and corrective action was taken. The RN confirmed that the DOC, Medical Director, Substitute Decision Maker and Pharmacy were not immediately informed as per policy.

In an interview the DOC revealed that additional training was provided to the registered staff in March 2015 advising them that any medication incidents that could or did result in harm to a resident is to be immediately reported to the DOC or designate. The DOC confirmed that it is the expectation of the home that any medication incident that could or did result in harm to a resident is to be reported immediately and in the case of the cited medication incident it should have been and that this did not occur. [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 home put in place any plan, policy, protocol, procedure, strategy or system that it is complied with, to be implemented voluntarily.



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Issued on this 7th day of May, 2015

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

Original report signed by the inspector.