



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 10, Jun 22, 29, 2012; 2012_087128_0009; 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

TRILLIUM COURT
550 PHILIP PLACE, KINCARDINE, ON, N2Z-3A6

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

RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Director of Care, Office Manager, Environmental Services Manager, 1 Registered Practical Nurse, 3 Personal Support Workers, 1 Cook and 1 Dietary Aide.

During the course of the inspection, the inspector(s) conducted a tour of the dining room and kitchen, observed lunch meal service, reviewed the clinical record for one resident, and reviewed staffing levels.

Log # L-000208-12

The following Inspection Protocols were used during this inspection:

Dining Observation

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. During a tour of the dining room, which was unlocked and unattended, it was observed that the burners of the stove in the small dining room could be turned on. The Environmental Services Manager confirmed that this was a safety risk and that the stove had a breaker that should have been turned off after it was used.
[LTCHA, 2007, S.O. 2007, c. 8, s.5]

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 home is a safe and secure environment for its residents, 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 subsections:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. A clinical record review for an identified resident revealed a care plan goal to maintain or achieve an identified body weight. The resident is at high nutritional risk related to a history of weight loss and being underweight. The plan of care identified interventions to promote weight gain/maintenance. The care set out in the plan of care has not been effective as the resident's current weight is 10kg. below the identified goal. The Director of Care acknowledged that the current plan of care has not been effective. She agreed that care plan goal is unrealistic and that the plan of care should be reviewed and revised.
[LTCHA, 2007, S.O. 2007, c. 8, s.6 (10)(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 each resident is reassessed and the plan of care reviewed and revised when the care set out in the plan of care has not been effective, to be implemented voluntarily.

WN #3: 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 a tour of the dining room it was noted that the area behind the sink had a build up of soil and debris. The dining room floor was cracked and dented and a build up of dirt was observed in the cracks and dents. The Environmental Services Manager acknowledged that the floor is really hard to maintain and clean because of the dents and cracks.

He shared that the home has a proposal put forward for approval to replace the flooring in the dining room.

A kitchen tour revealed that dish racks were stained and soiled. The ice machine had a build up of dust on the outside and the inside had a build up of black debris. It was also noted that the paint is very chipped on the doors to the kitchen. The cupboards under the sink in the small dining room were observed to have a build up of dirt and debris.

The Environmental Services Manager confirmed that this area was dirty and needed to be added to a cleaning schedule. [LTCHA, 2007, S.O.2007, c. 8, s. 15. (2) (a) and (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 that the home, furnishings and equipment are kept clean and sanitary; and the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: 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).

Findings/Faits saillants :

1. An identified resident was observed to be provided with no encouragement or assistance for 16 minutes, at lunch on May 10, 2012, and did not consume the meal.

A personal support worker and a dietary aide reported that the resident eats independently and does not require assistance.

A review of the resident's clinical record revealed that the plan of care stated that the resident is to be provided extensive assistance and encouragement with eating.

The Director of Care confirmed that the plan of care indicated that the resident required extensive assistance and encouragement with eating.

[O. Reg. 79/10, s.73(1)9]

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 all residents are provided with the assistance and encouragement required to eat and drink, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

- s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
- (a) is a minimum of 21 days in duration;
 - (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
 - (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
 - (d) includes alternative beverage choices at meals and snacks;
 - (e) is approved by a registered dietitian who is a member of the staff of the home;
 - (f) is reviewed by the Residents' Council for the home; and
 - (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :



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1. It was observed at the lunch meal, May 10, 2012, that the menu did not include an alternate choice of vegetable. The Director of Care confirmed that an alternate vegetable was not available for residents at this meal. [O. Reg. 79/10, s.71(1)]

WN #6: 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. An unlocked and unattended treatment cart was observed outside a nursing station. A staff interview with a Registered Practical Nurse confirmed that the expectation is that medication carts are either to be locked when unattended or to be put in the medication room. [O. Reg. 79/10, s.129(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 to ensure that drugs are stored in an area or a medication cart that is secure and locked, to be implemented voluntarily.

Issued on this 29th day of June, 2012

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