

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 31, 2023	
Inspection Number: 2023-1181-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Brierwood Gardens, Brantford	
Lead Inspector Lisa Vink (168)	Inspector Digital Signature
Additional Inspector(s) Lesley Edwards (506)	

INSPECTION SUMMARY

The Inspection occurred on the following dates January 9, 10, 11, 12, 13, 19, 17, and 18, 2023.

The following intake(s) were inspected:

- Intake: #00017351 Proactive Compliance Inspection.

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

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

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #1 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that the plan of care for a resident was revised when they had a change in their care needs related to oral care.

Rational and Summary

The plan of care for a resident identified that staff would complete all aspects of the resident's oral care with a manual toothbrush.

Observations of the resident's room identified a toothbrush which was dry and had not been used.

Staff confirmed the resident did not use a manual toothbrush for sometime and currently used another device for mouth care.

It was confirmed that the plan of care was not revised with changes to the resident's oral care needs and the plan was updated to reflect current status.

Sources: A resident's clinical record and interviews with staff.

Date Remedy Implemented: January 13, 2023. [506]

NC #2 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 15 (2) (e)

The licensee failed to ensure that a comfortable easy chair was provided for a resident in their bedroom.

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Rational and Summary

A resident resided in shared accommodations with one other resident. The resident's room did not include a comfortable easy chair for either resident. Later that same day two chairs were placed in the room following a discussion with management staff.

Sources: Observations of a resident's room and discussion with family of a resident and staff.

Date Remedy Implemented: January 17, 2023. [506]

NC #3 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimetres (cm).

Rational and Summary

Windows in two resident rooms were unrestricted and/or opened more than 15 cm. Staff fixed the two windows immediately and management confirmed that a home wide window audit had been completed.

Sources: Observations; Window Audit and interviews with staff. [506]

Date Remedy Implemented: January 11, 2023. [506]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #4 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 43 (4)

The licensee has failed to ensure that they sought the advice of the Residents' Council, in carrying out the Resident and Family/Caregiver Experience Survey and in acting on its results.

Rational and Summary

The home implemented a Resident and Family/Caregiver Experience Survey in 2022. Discussion with management confirmed they did not seek the advice of Residents' Council in carrying out the Resident and Family/Caregiver Experience Survey or in acting on its results in 2022.

Sources: Review of 2022 Residents' Council Meeting Minutes; interview with the President of Residents' Council and staff. [168]

WRITTEN NOTIFICATION: Conditions of Licence

NC #5 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (1)

The licensee has failed to comply with the conditions to which the licence was subject.

Rationale and Summary

The Long-Term Care Home Service Accountability Agreement (LSSA) with the Local Health Integration Network (LHIN) under the Local Health Systems Integration Act, 2006, required the licensee to meet Article 8.0 Reporting, Accounting and Review. Section 8.1 (d) under reporting identified under Resident Assessment Instrument - Minimum Data Set system (RAI-MDS) the licensee would conduct all assessments of residents as required by the RAI-MDS tools, using the RAI-MDS tools.

RAI-MDS 2.0 Long Term Care (LTC) Homes – Practice Requirements identified that each new resident was to be assessed by the interdisciplinary care team with the MDS 2.0 Full Assessment within 14 days of admission.

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A resident was admitted to the home.

A review of the clinical record included the MDS-RAI admission assessment (required by day 14) as in progress and was 50 days overdue.

The assessment tool had not been completed for sections:

(I) Disease Diagnosis

(J) Health Conditions

(L) Oral/Dental

(O) Medications

(P) Special Treatments and Procedures

(Q) Discharge Potential and Overall Status

(R) Assessment Information

(V) Resident Assessment Protocol Summary

Failure to complete the required admission assessments put the resident at risk for care needs not to be identified or managed.

Sources: Review of a resident's record and interview with the staff.

WRITTEN NOTIFICATION: General Requirements

NC #6 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

The licensee has failed to ensure that any actions taken with respect to two residents, under the nursing services program, as required in FLTCA s. 11 (1) were documented.

Rational and Summary

Review of the clinical records for two residents identified they had missed baths over an eight day span of time.

Interview with one resident identified they received all of their required baths.

Interview with staff confirmed that baths were completed; however, were not documented including the method the residents were bathed, the care required and their responses to the interventions.

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Sources: Review of resident's clinical records including bathing records; interview with a resident and staff. [506]

WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

NC #7 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

The licensee has failed to ensure they complied with a procedure in their nutritional care and hydration program related to dietary services.

Rational and Summary

In accordance with O. Reg. 246/22 s. 11 (1) b the licensee was required to ensure the nutritional care and hydration program had in place policies and procedures related to dietary services. Specifically, staff did not comply with the Food Temperature Checklist which required that food temperatures were taken at the end of the cooking process and recorded on a Daily Temperature Record or in a menu software system.

Food temperatures were to be recorded electronically in Synergy menu software.

A review of the software identified that temperatures were not recorded for the noon meal, with the exception of the temperature of the regular textured soup.

A staff member identified they consistently took food temperatures; however, routinely recorded the temperatures on paper to be recorded in the menu software at a later time.

A second staff member reported they consistently took food temperatures; however, did not record the temperatures as they did not use the menu software to record temperatures and there was no paper Daily Temperature Record available.

Food temperatures were not consistently recorded as required due to challenges with the software and the management implemented a Meal Service Daily Temperature Record to be completed on paper.

Sources: Observation of the noon meal; observations of Synergy menu software for food temperatures; review of Food Temperature Checklist; and interviews with staff. [168]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #8 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

The licensee failed to ensure that an interim Continuous Quality Improvement Initiative Report for the 2022-2023 fiscal year was prepared.

Rational and Summary

Management was not able to produce an interim Continuous Quality Improvement Initiative Report 2022-2023 on request.

Sources: A review of Residents' Council Meeting Minutes for 2022 and interview with staff.
[168]