



**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  
performance et de la conformité**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## Public Copy/Copie du public

---

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 19, 2015	2015_295556_0019	O-001434-14, O-001555-15, O-002368-15, O-002444-15	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**

HEARTWOOD  
201-11TH STREET EAST CORNWALL ON K6H 2Y6

---

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

WENDY PATTERSON (556)

---

## **Inspection Summary/Résumé de l'inspection**

---



**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**

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

**This inspection was conducted on the following date(s): July 20, 21, 22, 23, 24,  
2015**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Dietary Manager (DM), Registered Dietitian (RD), Resident Services Coordinator (RSC), Staff Educator (SE), Manager of Environmental Services (MES), Wound Care Champion (WCC), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family Members.**

**In addition the inspector reviewed resident health care records, policies related to Skin & Wound Care, & Prevention of Abuse & Neglect, staff training records, and internal documentation related to resident contracts.**

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

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**Skin and Wound Care**

**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**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

**Specifically failed to comply with the following:**

**s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:**

**1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**

**Findings/Faits saillants :**



1. The Long-Term Care Homes Act, 2007, c. 8, s. 76 (7) 6. states that the licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in any other areas provided for in the regulations.

Ontario Regulation 79/10, s. 221 (1) 2. states that skin and wound care is one of the other areas in which training shall be provided to all staff who provide direct care to residents.

The licensee has failed to ensure that all staff who provide direct care to residents receive annual training in all the areas required under subsection 76 (7) of the Act.

During an inspection the family member of Resident #001 stated that on a specific date while the family member was present RPN #103 did not provide wound care to the correct wound area and had to be redirected by the family member. The family member expressed concern that RPN #103 had not received the necessary training to provide wound care to Resident #001.

In an interview the Staff Educator stated that skin and wound care is part of the mandatory annual training in the home for all staff who provide direct care to residents. The Staff Educator was not able to provide documentation to indicate that RPN #103 had received skin and wound care training since the training provided to him during his orientation in June 2012.

In an interview RPN #103 stated that on the above mentioned specific date he provided wound care to Resident #001 however he did not provide the wound care to the correct wound area. RPN #103 further stated that during the time he has worked in the home he has not been offered the opportunity to participate in annual skin and wound care training.

The home's staff training records were reviewed and indicated that 3 registered nursing staff and 71 PSW staff had not received skin and wound care training in 2014. In addition, training was not provided in 2014 for falls prevention and management, continence care and bowel management, pain management, and training in the application, use and potential dangers of restraint and PASD use.

In an interview the DOC, who was not working in the home in 2014, stated that as per the home's policy annual mandatory skin and wound care training, falls prevention and



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

management, continence care and bowel management, pain management, and training in the application, use and potential dangers of restraint and PASD use should have been provided to all PSW's and all registered staff in 2014. [s. 221. (2) 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 annual training is provided to all registered and non-registered staff who provide direct care to residents in skin and wound care, falls prevention and management, continence care and bowel management, pain management, and training in the application, use and potential dangers of restraint and PASD use, to be implemented voluntarily.***

---

Issued on this 19th day of August, 2015

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

**Original report signed by the inspector.**