



## Inspection Report under the *Long-Term Care Homes Act, 2007*

## Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**  
Division de la responsabilisation et de la performance du  
système de santé  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 12, 17, 18, 2011	2011_109_2589_12May093500	Complaint # T 040/440-11
<b>Licensee/Titulaire</b> Revera Long Term Care Inc 55 Standish Court 8 <sup>th</sup> floor Mississauga, Ontario, L5R 4B2 Phone 289-360-1200 Fax 289-360-1201		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Main Street Terrace		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Susan Squires (109)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a Complaint Inspection.		
During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Associate Director of Care.		
During the course of the inspection, the inspector: Reviewed the resident's health record		
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
[ 1 ] WN [ 1 ] VPC		



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement du directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN # 1** The Licensee has failed to comply with **LTCHA, 2007, S.O. 2007, c. 8, s.6 (7)** The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

**Findings:**

- Four of the prescribed medications were not available for administration to a resident who returned to the home from the hospital.
- The nurse attempted to contact the satellite pharmacy to order the medications for a resident on two separate numbers but did not receive a response.
- The resident did not receive four of the medications as prescribed by the physician.

**Inspector ID #:** 109

**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 care is provided to the resident's according to the plan of care, to be implemented voluntarily.

**Signature of Licensee or Representative of Licensee**  
**Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

**Title:**

**Date:**

**Date of Report: (If different from date(s) of inspection).**