



**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**

**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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 5, 2014	2014_157210_0002	T600-13, T595-13	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

MAIN STREET TERRACE
77 MAIN STREET, TORONTO, ON, M4E-2V6

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

SLAVICA VUCKO (210)

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): January 13, 14, 15, 2014

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Director of Care (DOC), Assistant Director of Care (ADOC), Physiotherapist (PT), Registered Practical Nurses (RPN), Administrator, Education Coordinator.

During the course of the inspection, the inspector(s) observed the provision of care, reviewed clinical records, staff education records and policies for falls prevention.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Findings of Non-Compliance were found during this inspection.



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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure the plan of care sets out clear directions to staff and others who provide direct care to the resident.

Review of the clinical record confirms Resident #1 was admitted two years ago with vision problems. The identified staff indicates Resident #1 wears eyeglasses for better vision. Further the staff stated the glasses are usually attached on a string around the resident's neck to be able to use them when needed. When Resident #1 does not wear the eyeglasses they are placed in the top drawer of the night table. However, Resident #1 was observed on January 14, 2014 without his\her eyeglasses. There were no directions identified in the written plan of care in relation to Resident #1's vision and use of eyeglasses.

Observation of the Resident #1's room indicates a logo for mechanical lift transfer located on the wall above the bed. Review of the written plan of care indicates transfer with a mechanical lift. Interviews with staff indicate Resident #1 is transferred with assistance of two people without using a mechanical lift. Review of the assessment record completed by PT confirms Resident #1 to be transferred with assistance of two people without using a mechanical lift. The plan of care does not provide clear direction on the transfer assistance required by Resident #1. [s. 6. (1) (c)]

2. At the end of second quarter in 2013, before lunch, Resident #1 fell in his\her room while transferring himself\herself from the bed to the wheelchair in order to go to the washroom.

Interview with identified staff indicates that prior to the fall, Resident #1 required assistance with toileting before and after each meal, before and after going to bed and more often as needed. However, interview with another staff indicated Resident #1 was offered help with toileting only when he\she requested. Review of the written plan of care referring to the same period when the fall happened, indicates Resident #1 was occasionally incontinent and required limited assistance by one staff while toileting. Review of the clinical record indicates Resident #1 had multiple falls since the admission. Several of the falls happened either before or after meals. Interview with the DOC and review of the fall prevention strategies indicate that Resident #1 was to be checked hourly to prevent falls.

The written plan of care does not provide clear direction related to a toileting routine or hourly monitoring. [s. 6. (1) (c)]



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WN #2: 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:

(a) in compliance with and is implemented in accordance with all applicable requirements under the Act,

Review of the Fall Intervention Risk Management (FIRM) -National Policy, (number LTC-N-75, revised in March 2012), the post fall assessment section indicates "upon discovering a Resident who has fallen, the Nurse will complete an immediate assessment of the resident and implement appropriate follow up actions (LTC-N-75-Appendix D-Post Fall Action Checklist). The Nurse will complete or update post fall documentation in the multidisciplinary progress notes."

This policy is not in compliance with O.Reg. 79/10, s. 49. (2) that states "every licensee of a long term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition and circumstances of the resident require, a post fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls", because the required condition and circumstances of the resident are not described in order to indicate to staff when to conduct a post fall assessment using a clinically appropriate assessment instrument.

[s. 8. (1)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



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Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that the home's Falls prevention and management program, an interdisciplinary program required under section 48 of this Regulation is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Record review and interview with an identified staff indicates all falls are discussed at the Professional Practice and Nursing meetings, and analyzed in Quality Improvement Activity (QIA) section of the Point Click Care (PCC) electronic documentation. However, the falls management program was not evaluated and updated at least annually for 2011 and 2012 in accordance to evidence-based practices. [s. 30. (1)]

2. The licensee failed to keep a written record relating to Falls prevention and management program evaluation under paragraph 3 that includes the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Review of the Annual Program Evaluation for the Falls Management program for 2013 dated January 02, 2014 and interview with DOC and Administrator confirmed that the written record does not include the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. [s. 30. (1) 4.]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :



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1. The licensee failed to ensure when the resident has fallen, the resident has been assessed and, if required, a post-fall assessment been conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Review of the clinical record for Resident #1 indicates resident had seven falls in 2012 and four falls in 2013. During the last fall Resident #1 sustained a fracture and resulted in transfer to hospital.

Interview with an identified staff indicates the standard procedure for post fall assessment is to assess the resident after the fall, document in multi-disciplinary progress notes and fill out an Incident Report in Risk Management section of the Point Click Care (PCC) electronic documentation. Review of the clinical record for Resident #1 and interview with the identified staff confirmed the post fall assessments have not been conducted using a clinically appropriate assessment instrument that is specifically designed for falls. [s. 49. (2)]

Issued on this 10th day of February, 2014

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

SLAVICA UJCKO