

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: January 13, 2025

Inspection Number: 2024-1143-0005

Inspection Type:

Critical Incident

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: ReachView Village, Uxbridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6 - 10, 2025 with January 8th off site

The following intake(s) were inspected:

- Intake: #00130389 - Improper care of resident resulting in fall.
- Intake: #00131154 - Fall with injury.

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

- Infection Prevention and Control
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure resident #001's care plan was followed by having 2 staff present when providing morning care. PSW #100 confirmed she was preparing resident #001 for morning care without their partner present. PSW #100 turned her back to the resident and they fell out of bed that was in a high position. Resident #001 was transferred to hospital where they received sutures for a laceration.

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Resident #002's care plan identifies them as a high falls risk. Falls interventions identified in the care plan include assisting the resident to clear clutter from their room and to monitor the resident's environment as needed. The Inspector observed resident #002's room with clutter beside the resident's bed while asleep.

Sources: observation, resident #002's plan of care and interview with staff.

**WRITTEN NOTIFICATION: INFECTION PREVENTION AND
CONTROL PROGRAM**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

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Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Non-compliance with: O. Reg. 246/22 s. 102 (2) (b)

The Licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

As per the IPAC Standard, September 2023, 7.3 (b) requires the IPAC Lead to implement and tracking the completion of audits of all staff and IPAC skills required for their role.

The IPAC Lead's understanding of the audits was that by completing the donning and doffing and the four moments of hand hygiene audits that it would make the home compliant with 7.3(b) of the IPAC Standard. Regional Director confirmed the home did not complete audits for 7.3(b).

Sources: IPAC Standard version September 2023, and interview with Regional Director and IPAC Lead.