



**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
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 27, 2015	2015_229213_0008	L-001776-15	Resident Quality Inspection

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

ELMWOOD PLACE
46 ELMWOOD PLACE WEST LONDON ON N6J 1J2

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

RHONDA KUKOLY (213), INA REYNOLDS (524), MELANIE NORTHEY (563), NATALIE MORONEY (610)

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 Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): February 18, 19, 23, 24, 25, 2015

A complaint inspection 2015_303563_0009 log #001194-15 was completed concurrently during this Resident Quality Inspection (RQI).

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Associate Director of Care, the Environmental Manager, the Program Manager, the Food Service Manager, the Resident Assessment Instrument (RAI) Coordinator, a Registered Dietitian, a Registered Nurse, 3 Registered Practical Nurses, 10 Personal Support Workers, 2 Housekeeping Aides, 2 Laundry Aides, 1 Activity Aide, 1 Dietary Aide, 4 Family Members and 40+ Residents.

The Inspectors also toured the home; observed meal service, medication passes, medication storage areas and care provided to residents; reviewed health records and plans of care for identified Residents; reviewed policies and procedures of the home, education records, complaint logs and internal investigation records; and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:



**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**

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council**

During the course of this inspection, Non-Compliances were issued.

**4 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that there a process to report and locate Residents' lost clothing and personal items.

During Resident interviews on February 23, 2015, Residents #27, #41 and #52 reported they had missing personal clothing items. They shared that they reported the missing items to staff and that they were never found.

Policy review revealed there is no written policy or process to report and locate Residents' lost clothing and personal items.

Staff interview with the Environmental Manager, 2 Laundry Aides and the Administrator confirmed there was no written policy or understood process to report and locate Residents' lost clothing and personal items. [s. 89. (1) (a) (iv)]

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 there a process to report and locate Residents' lost clothing and personal items, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**Specifically failed to comply with the following:**

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observation of the lunch meal service in a dining room on February 18, 2015 revealed Personal Support Workers (PSW) were clearing and scraping soiled dishes and emptying glasses into a bucket and then provided eating assistance to Residents or distributing desserts without washing their hands. The Director of Care confirmed the home's expectation is that staff complete hand hygiene after handling soiled dishes and cutlery during meal service.

Observation of an identified room on February 19, 2015 at 1035 hours revealed a used and unlabeled toothbrush sitting on top of a paper towel dispenser in a shared bathroom. The Director of Care confirmed that Residents' personal hygiene items should be labeled in shared bathrooms and removed the toothbrush. [s. 229. (4)]

2. Observation of a PSW on February 19, 2015 revealed the PSW exited a Resident's room without gloves on holding soiled linens, disposed of the linens in a receptacle cart and pushed the cart down the hall with no hand hygiene, then moved a mechanical lift to the other side of the hall still with no hand hygiene. The Director of Care confirmed there should be hand hygiene practices completed between Resident care activities.

Observation of a tub room on February 18, 2015 at 0930 hrs. revealed 2 unlabeled used sticks of deodorant and one unlabeled used hairbrush. The Director of Care confirmed that Residents' personal hygiene items should be labeled and not stored in tub rooms. [s. 229. (4)]



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

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #3: 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 has failed to ensure that the Fall Intervention Risk Management (FIRM) Program Policy LTC-E-60 put in place and revised March 2014 is complied with.

Record review of the "Fall Intervention Risk Management (FIRM) Program" revealed the National Operating Procedure for post fall management states, "For all falls, a complete clinical assessment will be completed and documented, including vital signs every shift for a minimum of 72 hours."

Record review of progress notes for Resident #26 revealed a "Falls" note was completed at the time of a witnessed fall on a particular date. No other progress notes or vital signs were documented related to this fall for 72 hours post fall.

Staff interview with the Director of Care on February 25, 2015 confirmed registered staff are expected to complete a progress note and vital signs every shift x 72 hours post fall for all falls. [s. 8. (1) (a),s. 8. (1) (b)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that complies with manufacturer's instructions for the storage of the drugs.

Observation of a medication room on February 24, 2015 at 1300 hrs. revealed one box of Dimenhydrinate 50 mg suppositories, box of 10 with none used, with an expiry date of 2014/11. A Registered Practical Nurse confirmed that the medication had expired, should not be used and should not be stored in the medication room.

Observation of the medication supply room on February 24, 2015 at 1345 hrs. revealed:

- 2 containers of Pfizer Nitrostat 0.6 mg tablets with lot #V112198 with expiry date of NO/14
- 8 bottles of Stanley Multivitamins plus iron with expiry date of MA/2014

The Associate Director of Care (ADOC) confirmed these medications were expired and all medications stored in the supply room should be audited for expiry dates and expired medications removed and destroyed according to the home's policy. [s. 129. (1) (a)]

Issued on this 27th day of February, 2015

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

Original report signed by the inspector.