



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 prévue le Loi de 2007 les foyers de soins de longue

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

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Aug 20, 21, 22, 23, 2012; 2012\_087128\_0016; Follow up

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

RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Assistant Director of Care, Registered Dietitian, 2 Registered Nurses, 4 Registered Practical Nurses, 9 Personal Support Workers/Health Care Aides and 6 residents.

During the course of the inspection, the inspector(s) reviewed clinical records for residents, observed care provided to residents and reviewed policies and procedures as related to Log # L-001288-12.

The following Inspection Protocols were used during this inspection:

- Falls Prevention
Nutrition and Hydration
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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<p><b>Legend</b></p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p><b>Legendé</b></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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. 8. Policies, etc., to be followed, and records**  
**Specifically failed to comply with the following subsections:**

**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**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**



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foyers de soins de longue

1. The Oral Hygiene policy #LTC-F-35, was revised March 2012 post a compliance order from the MOHLTC. However, it is still not in compliance with the regulation as it does not indicate that residents will receive mouth care in the morning and evening, including cleaning of dentures.

The Director of Care confirmed that the policy indicates that residents will receive oral care daily and not twice daily, including cleaning of dentures. She acknowledged that the policy is a working draft and would not meet compliance with the regulation.

[O. Reg 79/10, s.8(1)a]

2. The Medication/Treatment policy # LTC-G-230 entitled, Oxygen Therapy, with a revised date of February 2012, was reviewed. The policy states that oxygen will be checked at the beginning of every shift and periodically through the shift, ensuring accurate flow rate, patency of the tubing and that the tank is full. It also states that signature on the MAR is for the flow rate administered to that resident during that shift. This policy was not complied with as evidenced by:

Prior to a meal, a PSW provided an identified resident with a portable oxygen tank and set the flow rate at an identified rate. The PSW stated that the flow rate is always set at that rate.

A clinical record review revealed that the doctor's order indicated the flow rate was to be at a rate that was not the same as what the PSW identified.

At the meal, a registered practical nurse was queried as to what the rate the oxygen was set at and he/she stated that it was at the rate identified in the order. The MAR had been initialled as being at that flow rate.

Inspector #128 informed the RPN that it had just been checked again and the flow rate was actually not at the rate identified in the order. The RPN stated that somebody must have bumped into it. Inspector #128 informed the RPN that the PSW had actually set it at a flow rate, that was not in keeping with the order, at the time of providing the portable oxygen tank to the resident and had indicated that the tank is always set at that rate.

Later, another RPN was queried as to whether the flow rate of oxygen is documented in the MAR. The RPN stated that they don't always document the flow rate and they never document the flow rate for residents who are on prn oxygen. Observations of a second identified resident revealed that the resident was receiving oxygen via nasal prongs. A personal support worker confirmed that this resident uses oxygen therapy almost continuously.

A clinical record review revealed that the oxygen order had no signatures for the month of August 2012.

An interview with a registered nurse confirmed that oxygen therapy is not always signed on the MAR and he/she stated it was up to the personal support workers to set the flow rate for the oxygen and to monitor it. He/she later acknowledged that it should be registered staff responsible for monitoring the oxygen flow rate and signing for it on the MAR. The registered nurse confirmed that they were not doing that.

The Director of Care confirmed the policy was not followed and that the expectation was that the registered nursing staff were ultimately responsible for ensuring the flow rate was set as per the order on the MAR. The DOC also stated that registered staff were responsible for signing on the MAR that the flow rate was correct each shift.

Later in the inspection, the flow rate on the portable oxygen tank for the first identified resident was observed to be set at a rate that was again not in keeping with the doctor's order.

The MAR was reviewed with the DOC who confirmed that the order had been signed for the ordered flow rate even though it wasn't at that rate. She acknowledged that this did not meet the home's expectations.

An interview with the registered practical nurse who signed for the oxygen therapy revealed that he/she had not checked the flow rate prior to signing the MAR and that he/she was aware that he/she should have checked it first.

The DOC expressed concern that despite the home discussing oxygen therapy at two registered staff meetings in June and August 2011, it was clear that more education was required.

[O. Reg 79/10, s.8(1)b]

**Additional Required Actions:**

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

Issued on this 24th day of August, 2012



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Soins de longue durée

Rapport d'inspection  
prévus le Loi de 2007 les  
foyers de soins de longue

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

*Ruth Hildebrand*



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division  
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Direction de l'amélioration de la performance et de la conformité

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	RUTH HILDEBRAND (128)
<b>Inspection No. / No de l'inspection :</b>	2012_087128_0016
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	Aug 20, 21, 22, 23, 2012
<b>Licensee / Titulaire de permis :</b>	REVERA LONG TERM CARE INC. 55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2
<b>LTC Home / Foyer de SLD :</b>	ELMWOOD PLACE 46 ELMWOOD PLACE WEST, LONDON, ON, N6J-1J2
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	JANET GROEN LISA MAYNARD

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To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**  
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de soins de longue durée*, L.O. 2007, chap. 8

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<b>Order # / Ordre no :</b>	001	<b>Order Type / Genre d'ordre :</b>	Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, 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  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 8 (1) to ensure that policies are implemented in accordance with applicable requirements in the Act and Regulations and that policies are complied with.

The plan must indicate how education will be provided to registered and non-registered staff, who will be responsible for implementation of policies and education related to the policies, time lines for completion of the education and how compliance will be monitored.

Please submit the plan in writing to Long Term Care Homes Inspector, Ruth Hildebrand, by email, at [ruth.hildebrand@ontario.ca](mailto:ruth.hildebrand@ontario.ca) by September 10, 2012.

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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1. There has been one previous compliance order issued related to the oral care policy not being in compliance with regulations and the oxygen therapy policy not being complied with. Additionally, another written notification and voluntary plan of correction have been issued related to policies not being complied with in two other care areas. (128)

2. The Medication/Treatment policy # LTC-G-230 entitled, Oxygen Therapy, with a revised date of February 2012, was reviewed. The policy states that oxygen will be checked at the beginning of every shift and periodically through the shift, ensuring accurate flow rate, patency of the tubing and that the tank is full. It also states that signature on the MAR is for the flow rate administered to that resident during that shift. This policy was not complied with as evidenced by:

Prior to a meal, a PSW provided an identified resident with a portable oxygen tank and set the flow rate at an identified rate. The PSW stated that the flow rate is always set at that rate.

A clinical record review revealed that the doctor's order indicated the flow rate was to be at a rate that was not the same as what the PSW identified.

At the meal, a registered practical nurse was queried as to what the rate the oxygen was set at and he/she stated that it was at the rate identified in the order. The MAR had been initialled as being at that flow rate. Inspector #128 informed the RPN that it had just been checked again and the flow rate was actually not at the rate identified in the order. The RPN stated that somebody must have bumped into it. Inspector #128 informed the RPN that the PSW had actually set it at a flow rate, that was not in keeping with the order, at the time of providing the portable oxygen tank to the resident and had indicated that the tank is always set at that rate. Later, another RPN was queried as to whether the flow rate of oxygen is documented in the MAR. The RPN stated that they don't always document the flow rate and they never document the flow rate for residents who are on prn oxygen.

Observations of a second identified resident revealed that the resident was receiving oxygen via nasal prongs. A personal support worker confirmed that this resident uses oxygen therapy almost continuously.

A clinical record review revealed that the oxygen order had no signatures for the month of August 2012.

An interview with a registered nurse confirmed that oxygen therapy is not always signed on the MAR and he/she stated it was up to the personal support workers to set the flow rate for the oxygen and to monitor it. He/she later acknowledged that it should be registered staff responsible for monitoring the oxygen flow rate and signing for it on the MAR. The registered nurse confirmed that they were not doing that.

The Director of Care confirmed the policy was not followed and that the expectation was that the registered nursing staff were ultimately responsible for ensuring the flow rate was set as per the order on the MAR. The DOC also stated that registered staff were responsible for signing on the MAR that the flow rate was correct each shift.

Later in the inspection, the flow rate on the portable oxygen tank for the first identified resident was observed to be set at a rate that was again not in keeping with the doctor's order.

The MAR was reviewed with the DOC who confirmed that the order had been signed for the ordered flow rate even though it wasn't at that rate. She acknowledged that this did not meet the home's expectations.

An interview with the registered practical nurse who signed for the oxygen therapy revealed that he/she had not checked the flow rate prior to signing the MAR and that he/she was aware that he/she should have checked it first.

The DOC expressed concern that despite the home discussing oxygen therapy at two registered staff meetings in June and August 2011, it was clear that more education was required.

[O. Reg 79/10, s.8(1)b] (128)

3. The Oral Hygiene policy #LTC-F-35, was revised March 2012 post a compliance order from the MOHLTC. However, it is still not in compliance with the regulation as it does not indicate that residents will receive mouth care in the morning and evening, including cleaning of dentures.

The Director of Care confirmed that the policy indicates that residents will receive oral care daily and not twice daily, including cleaning of dentures. She acknowledged that the policy is a working draft and would not be in compliance with the regulation.

[O. Reg 79/10, s.8(1)a] (128)



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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Sep 10, 2012





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section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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de l'article 154 de la *Loi de 2007 sur les foyers  
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**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8<sup>e</sup> étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9<sup>e</sup> étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8<sup>e</sup> étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 23rd day of August, 2012**

**Signature of Inspector /  
Signature de l'inspecteur :** 

**Name of Inspector /  
Nom de l'inspecteur :** RUTH HILDEBRAND

**Service Area Office /  
Bureau régional de services :** London Service Area Office