



**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

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 6 & 11, 2011	2011_115_2541_06Jan114028	L-01828 Complaint

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court 8th Floor, Mississauga, ON., L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Rose Garden Villa, 350 Dougall Ave. Windsor, ON., N9A 4P4

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to resident care and services.

During the course of the inspection, the inspector spoke with: Executive Director, DOC, 2 RPN's, 2 PSW's and 1 resident

During the course of the inspection, the inspector: reviewed clinical records of 1 resident, and toured the room of 1 resident.

The following Inspection Protocols were used in part or in whole during this inspection:
Safe and Secure Home Inspection Protocol
Personal Support Services Inspection Protocol
Skin and Wound Care Inspection Protocol
Pain Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:
5 WN
5 VPC



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et 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 constituer 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.5
 Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings:

1. Safety concerns noted in a resident room include:
 -loose electrical cords on floor, items found on top of the lamp, and items found lying across the electrical power bar.
 -un-smoked cigarettes, garbage, personal hygiene items found on floor.
 -floor covered in debris and heavily soiled.
 -geri-chair stored in the resident room #714 bathroom, leaving minimal room to navigate in the bathroom.

Inspector ID #: 115

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 a safe environment for the residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(10)(b)
 The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
 (b) the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

1. A resident's plan of care does not reflect resident's unavailability as it relates to the provision of care for treatments and medications.
2. The plan of care does not reflect a resident's personal habits related to tidiness, and the need for independence vs. assistance related to ADL's.

Inspector ID #: 115

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 the plan of care is revised when the resident's care needs change or when care is no longer necessary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(4)(a)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other;

Findings:

1. Registered Staff report that hospital staff have been recommending a decrease in pain medication related to drowsiness for a resident. The home has not collaborated with the hospital team or implemented assessment tools related to recent changes in pain medications.
2. The resident expresses dissatisfaction and lack of pain control.

Inspector ID #: 115**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 collaboration with health professionals involved in the different aspects of the residents care, including assessment to ensure care is consistent and complements all aspects of the resident's plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.33(1)
Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

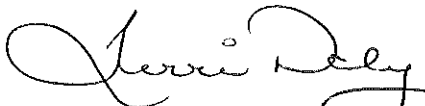
1. A resident indicated that they don't "always" get scheduled baths. Bath records of a resident indicate the bath was refused on December 30/10, but there is no documentation in the progress notes or flow sheets to indicate that this bath was made up.
2. There is no documentation on January 6, 2011 that the resident received a bath. The resident indicates that they did not have this bath and that baths are not made up if missed.
This information was confirmed by staff.

Inspector ID #: 115**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 resident's are bathed twice a week, to be implemented voluntarily.



WN #5: The Licensee has failed to comply with O.Reg. 79/10, s.52(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.	
Findings:	
1. A resident who is experiencing pain was not assessed using a clinically appropriate assessment instrument when pain medications were altered.	
Inspector ID #:	115
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 resident's are assessed using clinically appropriate assessment instruments and ensure pain relief, 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). January 20, 2011