



**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  
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Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 15, 2014	2014_257518_0014	L-000338-14	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**

VILLAGE ON THE RIDGE  
9 MYRTLE STREET, P.O. BOX 1120, RIDGETOWN, ON, N0P-2C0

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

ALISON FALKINGHAM (518), CAROLE ALEXANDER (112), NANCY SINCLAIR  
(537)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): March 31, 2014 April 1-4,7-8, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Office Manager, the Environmental Service Manager, the Maintenance Manager, the Dietary Manager, 4 Registered Nurses, 3 Registered Practical Nurses, 8 Personal Support Workers, two Recreational Aids and one physiotherapist.**

**During the course of the inspection, the inspector(s) observed general resident care, observed meal services, reviewed clinical records, and reviewed Policies and Procedures of the home.**

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

**Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
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  
Residents' Council  
Safe and Secure Home**

**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 O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that windows in the home that open to the outdoors and is accessible to residents cannot be opened more than 15 centimetres. O Reg. 79/10, s.16

On April 2, 2014 it was noted that the home is equipped with double hung windows. The windows have a stop in place that restricts the lower window pane of the double hung from being raised in excess of 15 centimetres. There are no devices in place to prevent the double hung window mechanism from being tilted inward and the opening is in excess of 15 centimetres. The Director of Care confirms that the window opens in excess of 15 centimetres when tilted inward.

This issue was raised with Maintenance Manager and he installed screws into the stops that prevents the windows from being tilted inward. By April 04, 2014 all windows in the building could no longer be tilted inward. [s. 16.]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.  
Communication and response system**

**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that, (g) in the case of a system that uses sound to alert staff, is properly calibrated so the level of sound is audible to staff. O. Reg. 79/10, s.17(1)

On April 2, 2014 it was noted that the bedroom and bathroom call bells in identified rooms do not have adequate audibility at all times.

This was confirmed by the Director of Care and a Personal Support Worker.

Once the issue was raised the Maintenance Manager reported that he has received verbal approval to obtain a booster for the call system for that home area which is planned for delivery and installation next week.

The Director of Care has reported that operationally staff will be conducting walk through of the home area at a minimum hourly to ensure resident safety and to determine ongoing if frequency should be increased. A q1h safety round was instituted and documented on paper April 2, 2014. This documentation was transferred to point of care on April 5, 2014. This documentation was visualized by Inspector #518 on April 7, 2014. [s. 17. (1) (a)]

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**WN #3: 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).**

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**Findings/Faits saillants :**



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1. The licensee has failed to ensure that staff participate in the implementation of the infection control program. O. Reg. 79/10, 229.(4)

On April 1, 2014 an unlabelled electric tooth brush was noted on a bathroom sink. The Director of Care confirms that it is her expectation that this tooth brush should be labelled.

A Registered Nurse was notified of this unlabelled tooth brush and labelled it on April 1, 2014 at 1250.

On April 1, 2014, observation of a shared bathroom revealed unlabelled personal wash basins and a stick deodorant.

On April 2, 2014 staff confirmed that resident personal care items are not to be shared amongst residents and should be labelled with the residents name.

These items remained unlabelled on April 4, 2014 and a Registered Staff confirmed that resident personal care items are not to be shared amongst residents and should be labelled with the residents name. [s. 229. (4)]

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**Issued on this 20th day of May, 2014**

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

*Allison Spence Falkingham*