



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 24, 2015	2015_415190_0012	010370-15	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

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

SANDRA FYSH (190), ALICIA MARLATT (590), 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): June 15, 16, 17, 18, 19, 2015

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care/Staff Educator, Environmental Manager, Recreation Manager, Support Services Manager, RAI-MDS Coordinator, Business Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Residents and Family Members.

The Inspectors also toured resident home areas, common areas, medication storage area, observed dining service, care provision, resident/staff interactions, recreational programs, medication administration, reviewed resident clinical records, relevant policies and procedures and various meeting minutes.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Residents' Council

Responsive Behaviours

Skin and Wound Care

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES
Legend

WN – Written Notification
 VPC – Voluntary Plan of Correction
 DR – Director Referral
 CO – Compliance Order
 WAO – Work and Activity Order

Legendé

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 51. Continence care and bowel management



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Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes
identification of causal factors, patterns, type of incontinence and potential to
restore function with specific interventions, and that where the condition or
circumstances of the resident require, an assessment is conducted using a
clinically appropriate assessment instrument that is specifically designed for
assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident who is incontinent received an assessment that:

- includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and
- is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident require.

1) When Resident #011 was admitted to the home, an initial "Resident Admission Assessment/Plan of Care" form was completed and identified the resident as incontinent of bladder and continent of bowel. This form did not identify causal factors, patterns, type of incontinence and potential to restore function with specific interventions. An "Admission and/or Situational Toileting Pattern for Bowel/Bladder" was initiated and was completed however only identified that the resident passed urine in the toilet and the time of voiding.

2) When Resident #001 was admitted to the home, an initial "Resident Admission Assessment/Plan of Care" form was completed and identified the resident as frequently incontinent of bladder. This form did not identify causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

An interview with a staff member of the Continence team in the home indicated that there is a Continence Assessment which identifies the causal factors, patterns and type of incontinence but this assessment is not being utilized in the home at this time.

The Director of Care confirmed that the home should be completing a Continence Assessment which identifies causal factors, patterns, type of incontinence and potential to restore function with specific interventions on admission and whenever there is a significant change in the continence status of a resident. [s. 51. (2) (a)]



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Issued on this 24th day of June, 2015

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

Original report signed by the inspector.