



**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**

**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 2, 2015	2014_159178_0028	T-1169-14/T-1285-14	Complaint

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

WESTSIDE
1145 Albion Road Rexdale ON M9V 4J7

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 10, December 12, 17, 2014

During the course of the inspection, the inspector(s) spoke with the executive director, director of care, education coordinator, registered staff, personal support workers (PSWs), residents, family of residents.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation**

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

**2 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care sets out clear directions to staff.

Record review and staff interviews confirm that resident #001's written plan of care for incontinence did not set out clear directions to staff.

Resident #001 was assessed on August 5, 2014 to be frequently incontinent of bowel and bladder, which for bladder incontinence the resident assessment data instrument-minimum data set (RAI-MDS) defines as "tended to be incontinent daily, but some control present".

The resident's incontinence plan of care dated August 23, 2014 stated that the resident is on "Prompted voiding/bowel program for incontinence" and lists the following interventions:

"Report to Nurse any changes in urinary characteristics, amount, color, frequency or odor."

"See Prevail list for current continence care products".

"See skin care focus for special skin care treatments for incontinence care".

"Record BM (bowel movement)-Note size and consistency. Report any abnormalities to Nurse".

The resident's written plan of care did not contain any directions as to resident's level of incontinence, how often the resident should be checked or changed for incontinence, or what type of skin care should be provided when the resident is changed for incontinence.

In the early morning hours of an identified date, the resident was provided perineal care by a part-time PSW. During subsequent interview, the PSW stated that he/she provided perineal care to the resident because the resident's "code of care" states that the resident requires one assistant for care, the resident affirmed that he/she was wet, and agreed to be washed. The PSW also stated that resident #001 refused application of a brief, so the PSW replaced the tissue paper that the resident was wearing in his/her underwear, with dry tissue paper. During interview, the PSW stated that the staff changes the diaper and washes anyone who is wet, unless the resident says they do not need help.

The family of the resident later expressed concerns to home management that this care was not necessary, was not usually provided by other caregivers at night, and asked that the resident not be provided with perineal care during the night. After these concerns were expressed, the resident's plan of care was revised to include the following intervention:



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"Resident do(es) not want to be disturb(ed) at night for any care or brief change." [s. 6.
(1) (c)]

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 the plan of care sets out clear directions to
staff, to be implemented voluntarily.***

**WN #2: 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 :



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1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system, required to be put in place by the Long Term Care Homes Act (LTCHA) and associated regulations, is complied with.

Record review and staff interviews confirm that after resident #001 fell and sustained a head injury on an identified date, the home's policy for assessment of a resident who has sustained a head injury was not complied with.

The policy titled Head Injury Routine (LTC-E-70), revised August 2012, states that when a resident sustains a head injury the nurse will complete the Neurological Flow Sheet [LTC-E-70-05]. The Neurological Flow Sheet directs the staff to assess the resident's neurological status, including eye opening, motor response, verbal response and vital signs, every 30 minutes for the first two hours after a head injury incident.

Staff interview and record review confirm that resident #001's neurological and vital signs were assessed at the time of the head injury, and again 45 minutes later. However, the resident's neurological status was not reassessed again until another two hours had passed. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system, required to be put in place by the LTCHA and regulations, is complied with, to be implemented voluntarily.

Issued on this 26th day of January, 2015

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

Susan Lui (178)



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Original report signed by the inspector.