



**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**

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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 2, 2013	2013_211106_0003	S-001246-12	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**

**PINEWOOD COURT  
2625 WALSH STREET EAST, THUNDER BAY, ON, P7E-2E5**

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

**MARGOT BURNS-PROUTY (106)**

**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): February 11, 12, 13, 14, 2013**

**Logs inspected during this inspection:  
# S-001246-12**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family Members and Residents**

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 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).**

**s. 6. (10) 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,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**



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1. The written plan of care for resident #001 was reviewed, it indicates that the resident "is monitored very closely" but does not provide specific interventions as to what this means. There is no specific indication as to the frequency of monitoring or what is meant by "very closely". The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. The written plan of care for resident #001 was reviewed, in one area of the plan of care it indicates, that the resident is a 2 person transfer and when weak is to use a specific type of lift and in another area of the plan of care it indicates the resident is a one person transfer. This does not provide clear directions to staff on how to transfer the resident. The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

3. The plan of care for resident #001 was reviewed, it has multiple interventions regarding a device that was applied to the resident. On February 12, 2013 the resident was observed not to have the device applied. Progress notes for resident #001 indicate that the device was removed a few months ago. The licensee failed to 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 the resident's care needs change or the care set out in the plan is no longer necessary. [s. 6. (10) (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 the plan of care sets out clear directions to staff and others who provide direct care to residents in regard to what is specifically required when a resident is to be monitored very closely and that residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or the care set out in the plan is no longer necessary, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**



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

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

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**Findings/Faits saillants :**



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1. On February 11, 2013, inspector requested and received from staff a copy of the home's written staffing plan which included a document titled "Staffing Deployment", the call-in binder and a document titled "Protocol to Follow When Short RPN shifts on days or evening" to the inspector for review. On February 13, 2013, the home's Administrator confirmed that the only written staffing plan was the "Staffing Deployment" and the information that was contained in the call-in book, which was provided to the inspector the previous day. The staffing plan was reviewed and it did not provide for a staffing mix that is consistent with residents' assessed care and safety needs; the promotion of continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident and include a back-up plan that addresses situations when RNs are unable to come to work, when night RPNs are unable to come to work, or if 2 or more night PSWs are unable to come to work.

The licensee failed to ensure that the staffing plan, provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; promotes continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work.  
[s. 31. (3)]



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***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 staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; promotes continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work, to be implemented voluntarily.***

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Issued on this 2nd day of May, 2013

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

A handwritten signature in black ink, appearing to be "M. [unclear]".