



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**  
**Division des foyers de soins de  
longue durée**  
**Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
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**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**

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 26, 2016	2016_229213_0024	021757-16	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**

McGARRELL PLACE  
355 McGarrell Drive LONDON ON N6G 0B1

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

RHONDA KUKOLY (213)

**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): July 25, 2016**

**This complaint inspection was completed related to a written complaint received by the Ministry of Health and Long-Term Care regarding care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Assistant Director of Care, a Physician, two Registered Nurses, two Registered Practical Nurses, four Personal Support Workers, and two family members.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition**

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

**1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



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**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).

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 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).**



## **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**

#### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's Safety Rounds policy was complied with.

The home's Safety Rounds policy #LTC-K-120 revised November 2015 stated: "Safety Rounds will be conducted for all Residents in the Home at a minimum at the beginning and end of each shift and more frequently as required by each Resident's needs".

"The Resident's safety risk and frequency of safety rounds will be documented on the Resident's Care Plan".

"Resident safety risk monitoring will be documented".

No documentation was found related to safety rounds completed for resident #001.

Current care plans for resident #001, #002, #003 and #004 did not include any direction, interventions, or documentation related to the residents' safety risk or frequency of safety rounds.

On July 25, 2016, the Director of Care said that the expectation was that staff complete safety checks/rounds for residents every two hours. She stated that she was not aware that the home's policy required the resident's safety risk and frequency of safety rounds to be documented on the resident's care plan and that the staff do not document safety risk monitoring.

The home has not complied with the policy "Safety Rounds" by documenting resident safety risk and frequency of safety rounds in care plans or documented safety risk monitoring. [s. 8. (1)]

#### ***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 home's Safety Rounds policy is complied with, to be implemented voluntarily.***



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**Issued on this 27th day of July, 2016**

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

**Original report signed by the inspector.**