



**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>
Mar 6, 2014	2014_260521_0007	L-000026-14	Critical Incident System

#### **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**

COLUMBIA FOREST  
650 MOUNTAIN MAPLE AVENUE, WATERLOO, ON, N2V-2P7

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

REBECCA DEWITTE (521)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 22 and 23, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care, RAI Coordinator, 2 Registered Practical Nurses, 3 Personal Support Workers, 3 Residents and 2 family members.**

**During the course of the inspection, the inspector(s) reviewed the clinical records, internal investigation, home policy - Abuse Prevention, education records, staffing plans.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Medication  
Prevention of Abuse, Neglect and Retaliation**

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



**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.)  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.



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**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).**

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**Findings/Faits saillants :**

1. The Plan of Care failed to set out clear direction to staff who provided direct care to a Resident.

This was evidenced by findings of:

A) An internal investigation of alleged abuse, revealed the front line staff providing direct care had "heard they were to toilet this resident every two hours" but could not find any documented evidence in the Plan of Care regarding toilet schedules. The staff had discussed a toileting routine with the Resident but confirmed she had not updated the plan of care.

B) RAI MDS coordinator confirmed the Plan of Care did not reflect the RAI-MDS assessment and the progress notes. Each record gave conflicting messages.



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**Issued on this 6th day of March, 2014**

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