



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 17, 18, 19, 22, 2012; 2012_186171_0016; 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

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

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

ELISA WILSON (171)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Assistant Director of Care, Food Services Manager, 2 Dietary Aides, 9 Personal Support Workers, Environmental Services Manager, 4 Registered Staff, and 5 Residents.

During the course of the inspection, the inspector(s) reviewed hot water temperature records, food and fluid records, bathing documentation, call bell response times, timing of meal service and snacks, medical records of identified residents, training records and staff schedules and observed staff operating a lift.

- L-001433-12
L-001515-12
L-001595-12
L-001603-12

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Nutrition and Hydration

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.)	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. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee had not ensured that every action taken with respect to a resident under a program, including interventions, were documented. [O.Reg. 79/10, s.30(2)]

The home had a food and fluid sheet to record snacks consumed by the residents. A number of residents had dietary interventions for specialized labeled snacks, however the consumption of these snacks was not always being documented on the sheet. This lack of documentation made it unclear if the resident was receiving or taking the snack interventions. Registered staff confirmed there were codes available to indicate the resident refused the snack or was not available during the snack time, therefore each day should have a code and not be left blank. Examples of missing documentation were noted for snacks from October 1-16, 2012.

Staff confirmed codes should be entered every day to indicate whether or not the snack was consumed for each resident and that a blank could mean the resident did not get the snack or the staff person forgot or did not have time to record the intervention.

2. The home used two documents to record resident's baths; the daily documentation flow sheet and the bath/skin checklist. A review of these documents indicated that there are some baths not being recorded as being completed making it difficult to determine if resident's were receiving the required number of baths per week. The personal support workers and management staff confirm the expectation was that every scheduled bath should be recorded and if the bath was not done a code explaining the reason should be entered. Examples of missing documentation on scheduled bath days were noted in August and September 2012.

Registered staff confirmed these forms had not been completed as per expected procedure in the home and that a blank could mean the resident did not get a bath or the staff person forgot or did not have time to record the intervention.



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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 interventions regarding bathing and snacks are documented for all residents, to be implemented voluntarily.

Issued on this 22nd day of October, 2012

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

A handwritten signature in cursive script, appearing to read "Erica Wilson".