



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de  
longue durée**

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
February 14, 2011	2011-165-1056-16feb102559	Complaint H-00386
<b>Licensee/Titulaire</b>		
Revera Long Term Care Inc.		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Dover Cliffs Long Term Care Centre		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Tammy Szymanowski		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: family, registered staff, nursing staff, food service manager and administrator.</p> <p>During the course of the inspection, the inspector: reviewed the clinical record and reviewed policies.</p> <p>The following Inspection Protocols were used during this inspection: nutrition and hydration</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>2 WN 1 VPC</p>		

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O.Reg.79/10 s.26(3)14

**A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Hydration status and any risks relating to hydration.**

**Findings:**

1. An identified resident's plan of care did not include the identification of their dehydration risks and interventions to address the risks despite poor fluid intake for eight consecutive days. Food and fluid records indicate the resident consumed 0-3 glasses of fluid per day for nine days. Staff report that the resident has poor urine output, however; there is no plan of care to address the identified concern.

**Inspector ID #:** 165

**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 and ensuring that the resident's plan of care is based on an interdisciplinary assessment of the resident's hydration status and any risks relating to hydration, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with O.Reg.79/10 s.8(1)(b)

**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, and is complied with.**

**Findings:**

1. The homes procedure related to their hydration policy LTC-H-130 was not followed. The home did not refer the resident to the Registered Dietitian for an assessment of their hydration status and the multidisciplinary team did not participate in the development of the care plan to address the hydration risks.

**Inspector ID #:** 165

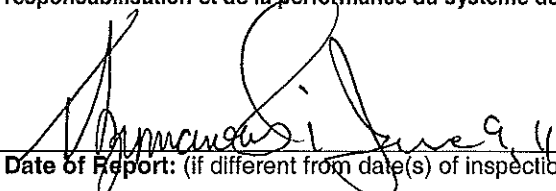


Ministry of Health and  
Long-Term Care

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 durée*

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>		<b>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>
<b>Title:</b>	<b>Date:</b>	 <b>Date of Report:</b> (if different from date(s) of inspection).