



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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| <b>Report Date(s) /<br/>Date(s) du apport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|---|---|--------------------------------|--|
| Jan 2, 2015                                   | 2014_260521_0054                              | 009239-14                      | Critical Incident<br>System                        |

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### **Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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### **Long-Term Care Home/Foyer de soins de longue durée**

FOREST HEIGHTS  
60 WESTHEIGHTS DRIVE KITCHENER ON N2N 2A8

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

REBECCA DEWITTE (521)

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## **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): December 29, 30 and 31, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Regional Manager, Director of Care, 2 Associate Directors of Care, 1 Registered Nurse, 4 Registered Practical Nurses, 2 Housekeepers, 2 Receptionists, 2 Family members**

**The following Inspection Protocols were used during this inspection:  
Critical Incident Response  
Safe and Secure Home**

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

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



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

| Legend  | Legendé  |
|---|--|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order   | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**11. Every resident has the right to,**

**i. participate fully in the development, implementation, review and revision of his or her plan of care,**

**ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**

**iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**

**iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that every resident has the right to live in a safe and clean environment as evidenced by;

Observations [REDACTED] revealed a housekeeping cart unlocked and unattended. The cart contained cleaning products. General observations in the lounge area revealed garbage on the floor consisting of used tissues, papers, candy wrappers and coffee spills. General observations outside the home in the areas for residents to smoke contained used tissues, papers, coffee cups and cigarette packages.

These observations were verified by the Registered staff on duty who confirmed it is the homes expectation that the Residents live in a safe and clean environment. [s. 3. (1) 5.]

2. The licensee failed to ensure that every Resident have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act as evidenced by;

[REDACTED] observations revealed an unlocked unattended Medication Administration Record revealing a Resident's health information.

[REDACTED] observations also revealed an unlocked unattended Medication Administration Record revealing a Resident's health information.

The unlocked terminals were verified by the Registered Practical Nurses. The Nurses confirmed the terminals should be locked when unattended protecting the Residents health information to ensure it is kept confidential. [s. 3. (1) 11. iv.]



***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 every right of residents are fully respected and promoted including the right to live in a safe and clean environment and to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential, to be implemented voluntarily.***

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**WN #2: 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).**

**Findings/Faits saillants :**



1. The Licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with as evidenced by;

Policy LTC-I-30 Recreation Services - Community Outings, May 2011, page 2/4, point 3 states - Ratio of 1:4 however any Resident known to have responsive behaviours, risk of wandering, or who requires feeding assistance when food is provided, will have ratio 1:1 volunteer/ family/ staff assistance.

The internal investigation notes regarding an incident of elopement reveal the outing consisted of a number of Residents at various stages of abilities.

An interview with the Administrator confirmed there should have been 5.5 staff attending this outing and the ratio's were not followed as per the policy.

The policy states on page 3/4, point 4. There will be a process in place to verify the Residents whereabouts periodically throughout the outing.

The internal investigation notes reveal the staff had a list of Residents attending the outing but failed to use the list during the outing specifically when loading and unloading the Residents on and off the buses.

An interview with the Administrator confirmed the process was in place but the staff failed to use the process to comply with the policy. [s. 8. (1) (b)]

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**Issued on this 2nd day of January, 2015**

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

**Original report signed by the inspector.**