



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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| <b>Report Date(s) /<br/>Date(s) du rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------------------------|
| Nov 1, 2017                                    | 2017_262630_0030                              | 024468-17                         | Complaint                                          |

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**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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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**

AMIE GIBBS-WARD (630)

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**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): October 24 and 25, 2017.**

**The following Complaint Inspection was conducted:**

**Complaint Log # 024468-17/IL-53643-LO; IL-53644-LO; and IL-53645-LO related to sufficient staffing, personal support services, laundry services and housekeeping services.**

**London Service Area Office (LSAO) Inspection Manager #688 (Kevin Bachert) was also present during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, an Associate Director of Care, the Environmental Services Manager, Personal Support Workers (PSWs), Housekeepers, family members and residents.**

**The inspectors also observed resident rooms and common areas, observed meal service, observed residents and the care provided to them, observed resident supply storage areas, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home and reviewed various meeting minutes.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Continence Care and Bowel Management  
Personal Support Services  
Sufficient Staffing**

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

**2 WN(s)**

**2 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. 6. Plan of care**

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

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**Findings/Faits saillants :**

The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident.

A) During the inspection an identified resident was observed to require a specific type of care from staff. This required care was observed not to be provided to the resident over an identified period of time.

During interviews with identified staff it was reported that this resident required a specific type of care from staff.

The clinical record for this identified resident showed this resident had been assessed to require a specific type of care. The plan of care did not reflect the resident's individual needs for this type of care.

During an interview an Associate Director of Care said that they were aware that this resident had specific care needs and staff were trying different interventions. This Associate Director of Care said that it was the expectation that the plan of care would reflect the resident's care needs and acknowledged that at the time of the interview these interventions were not included in the plan of care.

During an interview the Administrator and Director of Care said it was the expectation in the home that each resident's plan of care would be based on the assessments and needs of a resident.

B) During the inspection another identified resident was observed to require a specific type of care from staff. This required care was observed not to be provided to the resident over an identified period of time.

During an interview with this identified resident it was reported that they did not receive a specified type of care they required over a period of time as they had to wait for staff. They also reported that there had been a change in their care needs.

During an interview with identified staff it was reported that this resident's care needs had changed related to a specific type of care.

The clinical record for this identified resident showed this resident had been assessed to



require a specific type of care and a reassessment had not been documented after the care needs change. The plan of care did not reflect the resident's individual needs for this type of care.

During an interview the Administrator and Director of Care said it was the expectation in the home that each resident's plan of care would be based on the assessments and needs of a resident.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated during the course of this inspection. There was a compliance history of this legislation being issued in the home on September 13, 2017, in Resident Quality Inspection (RQI) #2017\_600568\_0009 as a Voluntary Plan of Correction (VPC), on June 1, 2017, in Critical Incident System (CIS) Inspection #2017\_6000568\_0010 as a VPC, on March 21, 2016, in Resident Quality Inspection (RQI) #2016\_271532\_0009 as a Written Notification (WN), on October 7, 2015, in Complaint Inspection #2015\_271532\_0027 as a VPC, on July 8, 2015, in CIS Inspection #2015\_263524\_0021 as a VPC, on April 21, 2015, and in Complaint Inspection #2015\_258519\_0016 as a VPC, on February 23, 2015, in RQI #2015\_258519\_0010 as a VPC.

***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 by ensuring that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**



**Findings/Faits saillants :**

The licensee has failed to ensure that residents who require continence care products had sufficient changes to remain clean, dry and comfortable.

A) During the inspection an identified resident was observed to require a specific type of care from staff. This required care was observed not to be provided to the resident over an identified period of time.

During interviews with identified staff it was reported that this resident had refused some aspects of care but had not been offered a specific type of care.

During an interview an Associate Director of Care said that they were aware that this resident had specific care needs and staff were trying different interventions. This Associate Director of Care said that it was the expectation that if a resident refused care or required care that the staff would provide that care and would reapproach if needed.

The clinical record for this identified resident showed this resident had been assessed to require a specific type of care.

During an interview the Administrator and Director of Care said it was the expectation in the home that resident's would receive the care they required.

B) During the inspection another identified resident was observed to require a specific type of care from staff. This required care was observed not to be provided to the resident over an identified period of time.

During an interview with this identified resident it was reported that they did not receive a specified type of care they required over a period of time as they had to wait for staff.

During an interview with identified staff it was reported that this resident required a specific type of care. This staff member also reported that this resident had been told that they had to wait for assistance with this care need as the staff were busy assisting other residents at the time.

The clinical record for this identified resident showed this resident had been assessed to require a specific type of care.



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During an interview the Administrator and Director of Care said it was the expectation in the home that resident's would receive the care they required.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated during the course of this inspection. There was a compliance history of this legislation being issued in the home on March 21, 2016, in Resident Quality Inspection (RQI) #2016\_271532\_0009 as a Written Notification (WN), on February 23, 2015, in RQI #2015\_258519\_0010 as a Compliance Order (CO) which was complied on August 6, 2015 in Follow-up Inspection #2015\_263524\_0021.

***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 by ensuring that residents who require continence care products have sufficient changes to remain clean, dry and comfortable, to be implemented voluntarily.***

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**Issued on this 7th day of November, 2017**

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

**Original report signed by the inspector.**