



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 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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 9, 19, 2011	2011_087128_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

FOREST HEIGHTS
60 WESTHEIGHTS DRIVE, KITCHENER, ON, N2N-2A8

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

RUTH HILDEBRAND (128)

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, the Programs Manager, two Nutrition Managers, the Registered Dietitian, one cook, one Dietary Aide, one Registered Nurse, one Registered Practical Nurse, two Personal Support Workers and fourteen residents.

During the course of the inspection, the inspector(s) observed the lunch meal in the second floor dining room, reviewed one resident's clinical record, minutes of the Residents' Council and Dining Focus Committee meetings and policies pertinent to the inspection.

The following Inspection Protocols were used in part or in whole during this inspection:

Food Quality

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Définitions 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.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council
Specifically failed to comply with the following subsections:**

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits sayants :

1. On August 9, 2011, at 15:00 the Residents' Council minutes were reviewed, in the Administrator's office, to determine if a written response was being provided, within 10 days of receiving residents' concerns or recommendations. There is no evidence to confirm that a written a response was provided to the Residents' Council within 10 days of the April 6, 2011, May 4, 2011, and June 3, 2011 Residents' Council meetings.

On August 9, 2011, at 15:10 a staff interview was conducted with the Administrator, in her office to review the Residents' Council minutes. The Administrator stated that the minutes of the Residents' Council meetings are initialed and dated within 10 days of each meeting. However, the Administrator acknowledged that is no evidence to support that the minutes were initialed and dated within 10 days nor was a written a response provided to the Residents' Council following the April 6, 2011, May 4, 2011, and June 3, 2011 Residents' Council meetings.

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 the licensee responds to Residents' Councils concerns or recommendations, in writing, within 10 days, to be implemented voluntarily.

**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 subsections:**

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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :



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1. On August 9, 2011, at 15:15 the home's Residents' Council policy, #LTC-AA-15; dated August 2010 was reviewed in the Administrator's office to determine compliance with the Long-Term Care Homes Act, 2007. The policy states "suggestions and complaints from the Residents' Council will be documented, investigated, and responded to in writing by the Executive Director within 10 days". However, there is no evidence that a written response was provided to the Residents' Council within 10 days of the April 6, 2011, May 4, 2011, and June 3, 2011 Residents' Council meetings, demonstrating that the home is not complying with its own policy.

On August 9, 2011, at 15:20 a staff interview was conducted, with the Administrator, in her office to determine if the home's Residents' Council policy, #LTC-AA-15; dated August 2010 was being complied with. The Administrator stated that the minutes of the Residents' Council meetings are initialed and dated within 10 days of each meeting. However, the Administrator acknowledged that there is no evidence to support that the minutes were initialed within 10 days nor was a written response provided to the Residents' Council following the April 6, 2011, May 4, 2011, and June 3, 2011 meetings, demonstrating that the home is not complying with its own policy.

2. On August 9, 2011, at 15:25 the home's Residents' Dining Focus Committee Policy, #LTC-AA-15-10; dated August 2010 was reviewed in the Administrator's office to determine compliance with the policy. It states that "the Residents' Dining Focus Committee recommendations will be taken forward to the Residents' Council". However, there is no evidence in the minutes of the Residents' Council meetings of April to August, 2011 that the concerns from the Food Committee were taken forward to the Residents' Council demonstrating the home is not complying with its own policy.

On August 9, 2011, at 15:30 a staff interview was conducted, with the Administrator, in her office to determine if the home's Residents' Dining Focus Committee Policy, #LTC-AA-15-10; dated August 2010 was being followed. The Administrator confirmed that the Residents' Dining Focus Committee recommendations were not being taken forward to the Residents' Council and the home was not complying with its own policy.

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 the home's policies are complied with, to be implemented voluntarily.

Issued on this 25th day of August, 2011

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

