



**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**

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

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

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 16, 2017	2017_599166_0008	004703-17, 005378-17	Complaint

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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**

FOSTERBROOKE  
330 KING STREET WEST NEWCASTLE ON L1B 1G9

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

CAROLINE TOMPKINS (166)

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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): March 13 and March 14, 2017**

**Complaint logs 04703-17 and 005378-17, related to medication administration and skin and wound care were inspected concurrently during this inspection.**

**During the course of the inspection, the inspector(s) spoke with Resident #001's Substitute Decision Maker (SDM), Registered Nurse(RN), Registered Practical Nurse(RPN), Personal Support Workers, Director of Care(DOC) and the Administrator.**

**During the course of this inspection the inspector, reviewed relevant clinical documentation and reviewed the licensee's investigation documentation.**

**The following Inspection Protocols were used during this inspection:  
Medication  
Skin and Wound Care**

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

**2 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. (11) When a resident is reassessed and the plan of care reviewed and revised, (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**

**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**



**Findings/Faits saillants :**

1. related to log 004703-17 x-ref with log 005878-17

The licensee has failed to ensure that when resident #001 was being reassessed and the resident's plan of care was being revised because the care set out in plan had not been effective, different approaches were considered in the revision of the resident's plan of care.

A complaint was submitted to the Director, from resident #001's Substitute Decision Maker(SDM) expressing concerns related to the care and assessment of resident #001's treatments.

Interviews with resident #001's SDM, RPN #100, RN #101, PSW #102, the Director of Care and the Administrator indicated resident #001 was capable of making informed decisions regarding health care and treatments.

Review of clinical documentation indicated that resident #001, frequently declined to be assessed related to specific treatments.

Review of resident #001's plan of care did not provide direction to staff when resident #001 refuses assessments related to specific treatments and different approaches to implement compliance with those treatments were not considered in the revision of the resident's plan of care. [s. 6. (11) (b)]

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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. related to log 004703-17 x-ref with log 005878-17

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Related to Medication management system: O.Reg.79/10.

(1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents. s.114(1)

(3) The written policies and protocols must be, (a) implemented in accordance with evidence based practices and, if there are none, in accordance with prevailing practices. S.114(3(a))

On a specified date, a complaint related to a medication error was submitted to the Director from resident #001's Substitute Decision Maker(SDM)

Interview with resident #001's SDM, indicated the SDM had been informed by RN #101, that an error had been made related to type of medication that had been administered to resident #001.

The SDM indicated, the pharmacy supplier had sent the wrong type of medication in a container labeled with the name of the correct medication the resident was supposed to receive.

Interview with RPN #100 and RN #101 indicated, it is the responsibility of each nurse administering medication to check for the right medication before administering to a resident.



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The licensee's policy Medication Administration CARE13-010.01, directs registered staff prior to administering medication to ensure that the resident information on each medication dispenser(pouch/blister/pack/vials,etc.) corresponds identically with the Resident's Medication Administration Record(MAR/eMar)before administering the medication.

Interview with the Director of Care, the Administrator, Registered staff and review of the licensee's investigation documentation indicated that four registered staff had administered the wrong type of medication to resident #001.

There were no adverse effects related to the medication administration errors to resident #001. [s. 8. (1) (b)]

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**Issued on this 3rd day of April, 2017**

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

**Original report signed by the inspector.**