



**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) / 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>
Nov 3, 2016	2016_263524_0033	028501-16	Resident Quality Inspection

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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**

HILLSIDE MANOR  
R. R. #5 STRATFORD ON N5A 6S6

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

INA REYNOLDS (524), ADAM CANN (634), NEIL KIKUTA (658), SHERRI GROULX  
(519)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): October 12, 13, 14, 17, 18, 19, 2016.**

**The following intake was completed within the RQI:  
028021-16 / CI 1975-000011-16 - Critical Incident related to a fall with fracture.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Associate Director of Care, the Resident Instrument Assessment (RAI) Coordinator, the Environmental Service Manager, a Physiotherapist, a Physiotherapist Assistant, 4 Registered Practical Nurses, 6 Personal Support Workers, the Resident's Council President, a Family Council Representative, twenty-one resident and a family member.**

**The inspectors(s) also toured all resident home areas, observed medication pass, medication storage area and care provided to residents, resident/staff interactions, infection prevention and control practices, reviewed medical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.**

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

**Contenance Care and Bowel Management**

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Nutrition and Hydration**

**Pain**

**Residents' Council**

**Skin and Wound Care**



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

- 1 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: 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, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that, each resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A) An identified resident was assessed as being frequently incontinent of urine on admission.

During a review of the resident's documentation on PointClickCare (PCC) it was noted that there was not a continence assessment done on admission or with the changes in continence status.

Upon interview with the Assistant Director of Care (ADOC) on October 19, 2016, it was stated that the home was behind on the continence assessments for several residents, and that the resident had not had a continence assessment done on admission or with the changes in their continence status.

B) Review of the most recent Minimum Data Set (MDS) Significant change in status assessment on a specific date, for an identified resident indicated this resident was frequently incontinent of bladder since admission.

Upon interview with a Registered Practical Nurse on a specific dated, it was stated that



there was no documented evidence of a completed continence assessment in the electronic or hard copy files for the resident.

C) A resident was admitted to the home on a specific date and was noted to be continent of bladder according to the Minimum Data Set (MDS) assessment on PointClickCare. Review of the most recent Minimum Data Set (MDS) Significant change in status assessment, indicated that the resident had a significant change in bladder function and was now frequently incontinent of urine. Review of the resident's clinical record revealed the absence of a documented continence assessment.

Staff interview was conducted with Personal Support Worker (PSW) on a specific date and time. The PSW stated that the resident was incontinent of bladder.

An interview was conducted with the Director of Care (DOC) on October 17, 2016. The DOC stated that there had not been a continence assessment completed for this resident and should have been. The Assistant Director of Care on October 17, 2016, stated that this gap was identified through the Continence Program evaluation on July 2016 and there was a plan in place for the home to roll out its full continence program. [s. 51. (2) (a)]

***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, each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.***



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**Issued on this 3rd day of November, 2016**

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

**Original report signed by the inspector.**