



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

Health System Accountability and
Performance Division
Performance Improvement and
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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 15, 2013	2013_229213_0004	L-000278-13	Critical Incident System

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

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

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

RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 14, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Nurse Manager, 1 Registered Practical Nurse and 2 Personal Support Workers

During the course of the inspection, the inspector(s) reviewed identified policies and procedures, relevant resident's plan of care and made observations of resident care

The following Inspection Protocols were used during this inspection:
Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A resident's care plan indicated resident safety check every shift.
This documentation was not completed.[s. 6. (7)]

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).**
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Findings/Faits saillants :

1. The licensee did not ensure that the Fall Interventions Risk Management Program (LTC-E-60) and Fall Prevention & Harm Reduction Strategies were complied with.

The Fall Interventions Risk Management Program included the following:

- a) The nurse will complete a Falls Risk Assessment Tool (FRAT) within 24 hours of the resident's admission and documented on the care plan. The FRAT may be repeated as required as per change in resident condition.

A resident did not have a Fall Risk Assessment Tool completed since admission. The Director of Care confirmed that a Falls Risk Assessment Tool should have been completed on admission and following a fall.

2. The licensee did not ensure that the Pain Assessment and Symptom Management Policy (LTC-E-80) was complied with.

The Pain Assessment and Symptom Management Policy includes:

- a) If pain is identified on admission, or the resident has a diagnosis which could result in pain, and/or is receiving regular pain medication, a pain monitoring tool would be initiated for a minimum of 72 hours.

A resident did not have a pain monitoring tool completed following a change in condition. The Director of Care confirmed that a formal pain assessment tool should have been completed and was not. [s. 8. (1)]



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Issued on this 15th day of May, 2013

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

Rhonda Kukoly