



**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  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 23, 2015	2015_288549_0002	O-001484-15	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**

LONGFIELDS MANOR  
330 BEATRICE DRIVE NEPEAN ON K2J 5A5

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

RENA BOWEN (549), ANANDRAJ NATARAJAN (573), HUMPHREY JACQUES (599),  
MEGAN MACPHAIL (551)

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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): January 13, 14, 15, 16 and 19, 2015**

**Log # O-001510-15 and Log # O-001525-15 were also inspected during the Resident Quality Inspection**

**During the course of the inspection, the inspector(s) spoke with several residents, family members, the President of the Family Council, the President of the Residents' Council, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Resident Services Coordinator, the Education Coordinator, the Dietitian, a Dietary Aide (DA), the Activation Manager, the Director of Care (DOC) and the Administrator. The inspector(s) also completed a walk through tour of all resident areas, reviewed resident health care records, relevant home policies, mandatory training records, Food Committee meeting minutes, Resident Council meeting minutes, observed resident care being provided, resident dining, medication administration and infection control practices.**

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

**Accommodation Services - Laundry  
Contenance Care and Bowel Management  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
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)

<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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.[O-001525-15]

On January 15, 2015 PSW S#101 stated to Inspector #549 that resident care is provided as stated in the plan of care which is kept in the front of the resident's health care file located at the nursing station. PSW #101 also stated that if the resident's care needs change or intervention change they would go to the resident's health care file and look at the plan of care where the changes would be reflected.

On January 19, 2015 PSW S#107, S#105 and PSW S#126 stated to Inspector #549 that resident care is provided as stated in the plan of care which is kept in the front of the resident's health care file located at the nursing station. PSW S#107, S#105 and S#126 stated to Inspector #549 that they would look at the plan of care in the front of the resident's health care file for any need changes or interventions.

PSW S#105 and S#107 stated to Inspector #549 that the PSW's do not have access to the electronic plan of care for the residents using the home's Point Click Care system.

On January 19, 2015 Inspector #549 reviewed Resident #10's plan of care, it was noted by Inspector #549 that the plan of care at the front of the resident's health care file was not the current plan of care found on the home's electronic Point Click Care system. The current plan of care was last revised on a specific day in January 2015 by the Director of Care related to inappropriate touching and interventions. The plan of care found in the front of Resident #10's health care file on January 19, 2015 was dated as being revised on an earlier day in January 2015 and did not have the changes made by the DOC.



On the same date Inspector #549 was not able to locate Resident #11's plan of care in the resident's health care file.

RPN S#120 stated during an interview with Inspector #549 on January 19, 2015 that the current plan of care for Resident #10 and Resident #11 was not in the front of Resident #10's or Resident #11's health care file and she would print a copy and put it the front of the health care files so direct staff have access.

On January 19, 2015 Inspector #549 confirmed with the DOC that PSW's do not have electronic access to the resident's plan of care and that the expectation is that a current electronic plan of care for each resident be printed and put in the front of the resident's health care file so that staff and others providing direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. [s. 6. (8)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71  
(1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the menu cycle is reviewed by the Residents' Council.

The Residents' Council and the Food Committee do not share the same membership in the home.

On January 19, 2015 during an interview with the Resident Council President it was stated that the food and snack menu cycle is not reviewed by the Residents' Council.

Furthermore, he mentioned that he was not sure if it was reviewed at the food committee since he does not attend the food committee meeting on regular basis.

Inspector #573 reviewed the minutes of the Residents' Council from January to December 2014 and was unable to find any documentation related to the food and snack menu cycle being reviewed at the Residents' Council or the Food Committee meetings.

On January 19, 2015 during an interview with the Activation Manager, she stated that the food and snack menu cycle was not presented or shared with the Residents' Council. The Activation Manager further mentioned that the food and snack menu cycle is not reviewed by the Residents' Council but it is done by the Food Committee. [s. 71. (1) (f)]

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**Issued on this 23rd day of January, 2015**

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

**Original report signed by the inspector.**