

Original Public Report

Report Issue Date August 31, 2022

Inspection Number 2022_1106_0001

Inspection Type

- ☐ Critical Incident System
 ☐ Complaint
 ☐ Follow-Up
 ☐ Director Order Follow-up
☒ Proactive Inspection
 ☐ SAO Initiated
 ☐ Post-occupancy
☐ Other _____

Licensee

Revera Long Term Care Inc.

Long-Term Care Home and City

Oak Terrace, Orillia

Lead Inspector

Amanda Belanger (736)

Inspector Digital Signature

Additional Inspector(s)

Jennifer Nicholls (691)

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 8-12, 2022, and August 22-25, 2022.

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Medication Management
- Pain Management
- Prevention of Abuse and Neglect
- Quality Improvement
- Resident Care and Support Services
- Residents' and Family Councils
- Residents' Rights and Choices
- Safe and Secure Home
- Skin and Wound Prevention and Management

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#01 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s. 12

The licensee has failed to ensure that doors leading to non-resident spaces, specifically, the laundry room were kept closed and locked when not attended to.

During an initial tour of the home, the Inspector noted that the laundry room door was closed, however, was able to be opened without a code being entered. The Administrator confirmed that the door was to be locked when not attended to, as it was a non-resident area.

Sources: Inspector observation; interview with Administrator.

Date Remedy Implemented: August 10, 2022 [736]

WRITTEN NOTIFICATION WINDOW OPENINGS

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s.19

The licensee has failed to ensure that windows did not open more than 15 centimeters (cm).

Rationale and Summary

The Education Coordinator measured three resident room windows for the Inspector. Windows opened between 15.74cm and 19.55cm.

The Education Coordinator and Administrator confirmed that the windows in resident areas were only supposed to open to a maximum of 15cm, and the windows reviewed, had opened more than the designated measurement.

Sources: Inspector observations; interview with Education Coordinator and Administrator.
[736]

WRITTEN NOTIFICATION FOOD TEMPERATURES

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 79 (1)

The licensee has failed to ensure that food and fluids were served at a temperature that was both safe and palatable for residents.

Rationale and Summary

During meal observation the Dietary Aide indicated that they had not taken the food temperatures prior to serving the food to the residents. The Meal Service Daily Temperature Record for the lunch service was blank.

The Inspector also observed the steam table brought to the home area on the elevator and sit for approximately four minutes before food being served. The steam table was not plugged in for the duration of the meal service, and no food temperatures were taken.

The resident indicated that the food served at meals was not consistently hot enough.

Sources: Inspector observations; Meal Service Daily Temperature Record; interview with the Dietary Aide and the resident, as well as other relevant staff; licensee policy titled "LTC-Food Temperature Checklist", last modified March 31, 2022.

[736]

WRITTEN NOTIFICATION MEDICATION DESTRUCTION

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 148 (3)

The licensee has failed to ensure that when a drug was to be destroyed that was not a controlled substance, it was done by a team acting together and composed of: one member of the registered nursing staff, and another staff member appointed by the Director of Nursing.

Rationale and Summary

Interviews completed with the Registered Nurse (RN) and the Director of Care (DOC), identified that when they destroyed and denatured medications that were not considered controlled substances, there was not a second staff member to witness the disposal. The Regional Manager indicated that there should have been two staff witnessing the destruction and denaturing of medications that were not considered controlled substances.

Sources: Interviews with the RN, DOC, and Regional Manager; and, Medisystem policy titled "Medication Handling".

[736]

WRITTEN NOTIFICATION MINSITER DIRECTIVES

NC#05 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 184 (3)

The licensee has failed to ensure that the home carried out every operational or policy directive issued by the Minister that applied to the long-term care home.

Rationale and Summary

The Inspector reviewed the daily resident temperatures on Point Click Care (PCC), and it was noted that not all residents had not had their temperature checked and recorded.

Minister Directive: COVID-19 Response Measures for Long-Term Care Homes dated June 11, 2022, stated "Homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks".

During an interview with the Registered Practical Nurse (RPN), they confirmed that resident temperatures were to be taken every day.

The Infection Prevention and Control (IPAC) lead indicated that resident temperatures were to be obtained daily as per the Minister's Directive and documented in PCC.

Sources: Resident PCC documentation; Minister's Directive dated June 11, 2022; and interviews with the RPN, IPAC lead, and other relevant staff.

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