



**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
Nov 3, 2014	2014_259520_0032	L-001394-14	Resident Quality Inspection

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

PINECREST MANOR
399 BOB STREET, P.O. BOX 220, LUCKNOW, ON, N0G-2H0

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

SALLY ASHBY (520), CHRISTINE MCCARTHY (588), RUTH HILDEBRAND (128),
RUTHANNE LOBB (514)

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 21, 22, 23, 24, 27, 28, 29, 30, 2014.

Concurrent CI 005527-14

During the course of the inspection, the inspector(s) spoke with the Executive Director/Director of Care, Environmental Services Manager, Dietary Manager, Recreation Manager, Business Manager, RAI Co-ordinator, 2 Registered Practical Nurses, 3 Personal Support Workers, 40 plus Residents and 4 Family Members.

During the course of the inspection, the inspector(s) observed resident and staff interactions, toured resident home areas, interviewed residents, families and staff, reviewed resident's clinical records, observed dining and medication, internal investigative reports and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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 O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that there was a process in place to ensure that food service workers and other staff assisting residents were aware of the residents' diets, special needs and preferences, as evidenced by:

During a dining observation in October 2014 it was noted that although a dietary roster was used, the food service workers and other staff did not have access to resident's food preferences.

Three Dietary staff as well as the Dietary Manager indicated that the system was changed recently and food preferences for residents were no longer available for staff to use during dining service. [s. 73. (1) 5.]

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 there is a process in place to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



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1. The licensee has failed to ensure that the home, its furnishings and equipment were kept clean and sanitary, as evidenced by:

Observations of the dining room in October 2014 revealed a build up of black dirt on the dining room floor.

A Housekeeping aide indicated that the floor was cleaned three times daily but the build up of dirt doesn't come off with the daily cleaning.

Both the Dietary and Environmental Services Manager acknowledged that the dining room floor had a build up of dirt/wax on it and agreed it was not kept as clean as the rest of the building. The Environmental Services Manager indicated that the frequency of stripping the dining room floor needed to be increased. [s. 15. (2) (a)]

Issued on this 3rd day of November, 2014

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