



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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 31, 2014	2014_195166_0002	O-000031- 14	Resident Quality Inspection

**Licensee/Titulaire de permis**

OMNI HEALTH CARE LIMITED PARTNERSHIP  
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

**Long-Term Care Home/Foyer de soins de longue durée**

RIVERVIEW MANOR NURSING HOME  
1155 WATER STREET, PETERBOROUGH, ON, K9H-3P8

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

CAROLINE TOMPKINS (166), CHANTAL LAFRENIERE (194), LYNDA BROWN  
(111)

**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 20, 21, 22, 23, 24, 2014, January 27, 28, 2014**

**3 critical incidents, Logs O-001087-13, 001073-13 and 000881-13 were inspected concurrently.**

**During the course of the inspection, the inspector(s) spoke with Residents, Family members, the President of the Resident's Council, the President of the Family Council, the Administrator, the Director of Care(acting), the RAI Coordinator, members of the Behavioural Support Team(BSO), the Dietitian, the Resident Quality Manager, the Wound Care/Infection Control Nurse, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Dietary Aides, Housekeeping and Environmental Services staff members.**

**During the course of the inspection, the inspector(s) toured the home, including residents' rooms, common areas and bathing facilities, observed staff to resident interactions during the provision of care and during social activities, observed a meal service, reviewed residents' clinical health records for identified residents, reviewed the minutes of the Resident and the Family Council meetings. Reviewed Infection Control policies and procedures, reviewed and observed medication administration procedures and medication records, observed medication storage rooms, reviewed the licensee's policies related to Responsive Behaviours and Zero tolerance for Abuse and Neglect, Pain and Wound Care management, observed resident activities and recreation programs.**

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



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**Critical Incident Response  
Dining Observation  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
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**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 O.Reg 79/10, s. 52. Pain management**

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

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

During this inspection, Resident #6914 stated "has back pain all the time". The resident indicated that daily pain medication is administered. The resident indicated "they give me medications and hot packs and it helps some". Resident also had pained facial expression.

Review of the Medication Administration Records (MAR) for Resident # 6941 indicated the resident receives analgesics daily and when necessary as per physician's orders.

Review of " Pain Assessment and Evaluation Tool" for Resident #6941 indicated the assessment tools were only completed quarterly.

A recently completed Pain Assessment and Evaluation Tool indicated:

- the resident was experiencing pain - intensity scale level 8 (hurts a whole lot)
- receives analgesics daily
- resident is able to perform ADL's and refuses to change anything at this time and will not speak to physician
- side B (evaluation tool) was blank on both the quarterly assessments.
- there was no indication of the use of 'breakthrough' medications(as needed) or other therapies to be used .

Review of the homes policy "Pain Assessment" (CS-12.31) Revised December 2012 indicated:

- a pain assessment (side A) shall be completed when the resident with established interventions for pain control is still requesting an analgesic.
- a pain evaluation tool (side B) shall be initiated each time a pain assessment is completed where the result of the assessment is that pain medication is provided to the resident.

Interview of two RPN's indicated the pain assessment tool is completed on admission, quarterly, or change in condition resulting in new pain. The RPN's indicated only side A is completed.

There was no indication the Pain assessment Tool was completed (both side A & B) when the resident had unrelieved pain. [s. 52. (2)]



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Issued on this 31st day of January, 2014

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

*Chantal Lafrenière (194)*  
*Gynda Brown (111)*  
*Lucinda Longman (166)*