



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 9, 2015	2015_414110_0016	032633-15	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

SARA VISTA
27 SIMCOE STREET ELMVALE ON L0L 1P0

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

DIANE BROWN (110), ANN HENDERSON (559), VALERIE PIMENTEL (557)

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): November 26, 27, 30. December 1, 2, 3, 4, 7 and 8, 2015.

Complaint #IL-36725-TO, Log #902-15 was completed concurrently along this RQI.

During the course of the inspection, the inspector(s) spoke with Executive Director/Director of Care (ED), the Assistant Director of Care, Program Manager, Nutrition Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Dietary Aide, representative of Residents' Council and Residents.

During the course of the inspection, the inspector(s) toured the home, observed meal service, medication pass, medication storage area and general maintenance and cleaning of the home. Observed care provided to residents and staff to resident interactions. Reviewed identified resident health records including medication records and plans of care. Reviewed relevant home policies and procedures; menus, and the Residents' Council meeting minutes.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Personal Support Services
Reporting and Complaints
Residents' Council**

During the course of this inspection, Non-Compliances were issued.

**4 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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 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 :

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Record review of an identified home's client service response form, completed in response to a family concern, revealed resident #010 was to have a safety device in place.

On an identified date, resident #010, was observed without his/her safety device.

Record review of resident #010's plan of care directs the staff to apply the safety device.

An interview with PSW #110 confirmed that the safety device was not in place as required. The PSW further stated and confirmed the safety device had not been in place as required since the resident's return from his/her outing, four days prior.

Interviews with PSW #110, RN #113 and the ADOC confirmed the care set out in the plan of care was not provided to the resident #010 as specified in the plan of care. [s. 6. (7)]

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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

The licensee failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Record review of the Residents' Council meeting minutes of August 6, and September 3, 2015, revealed a resident concern that the residents would like more variety of TV channels.

An interview with the program manager revealed in August 2015, the cable provider changed from analog to digital programming. Subsequently, the change resulted in many of the resident's favourite channels i.e. Turner Classic Movies and sports channels not being available.

An interview with the ED confirmed Residents' Council was not provided a written response in relation to the cable issues identified in the August and September 2015, meeting minutes. [s. 57. (2)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :



The licensee has failed to ensure that menu substitutions are communicated to residents.

On November 26, 2015, at the lunch meal service, the posted entrees were a chef salad plate and beef ravioli.

The inspector observed ham salad sandwiches and beef ravioli being served.

The nutrition manager confirmed that this menu substitution was not communicated prior to meal service. [s. 72. (2) (f)]

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.
Satisfaction survey**

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



The licensee failed to ensure the home seeks the advice of the Residents' Council on how to carry out the resident satisfaction survey, and in acting on its results.

Interviews with the ED and program manager, confirmed the home failed to seek the advice of Residents' Council on the manner in which the resident satisfaction survey is carried out.

Record review of the home's 2015 resident satisfaction survey revealed a 54.2 percent response to question #18 of the survey "are there enough organized activities for you to do on the weekends?".

Record review of the August 6, 2015, Residents' Council meeting minutes identified where the ED shared the 2015 resident satisfaction survey results. The minutes did not identify the 54.2 percent response to question #18.

An Interview with the program manager, who is the Residents' Council assistant, confirmed a 54.2 percent response to the question is too low and the goal is to make improvements. The program manager further confirmed Residents' Council was not consulted for advice related to addressing the need for more organized activities on the weekends.

Interviews with the ED and program manager, confirmed the home failed to seek the advice of Residents' Council on the manner in which the resident satisfaction survey is carried out. [s. 85. (3)]

Issued on this 9th day of December, 2015

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



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Original report signed by the inspector.