

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** April 7, 2025

**Inspection Number:** 2025-1208-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Revera Long Term Care Inc.

**Long Term Care Home and City:** Sara Vista, Elmvale

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 19 - 21, 24 - 26, 2025, and April 11 - 4, and 7, 2025.

The inspection occurred offsite on the following date(s): March 31, 2025.

The following intake(s) were inspected:

- Intake: #00136356 - Follow-up #: 1, Compliance Order #001 - related to menu planning.
- Intake: #00138582, Critical Incident (CI) #2710-000002-25, related to the fall prevention program.
- Intake: #00142053, related to concerns of shortage of staffing and resident care and services.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2024-1208-0003 related to O. Reg. 246/22, s. 77 (5)

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Staffing, Training and Care Standards
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: General Requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee failed to ensure that when it was reported that a resident had symptoms an infection, that specific assessments and interventions were documented.

Communication to the home suggested that a resident was having symptoms of an infection. The home failed to document the communication, assess or implement interventions for greater than two weeks when they were diagnosed with an infection.

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**Sources:** review of resident's progress notes, laboratory reports, and physician orders. Interview with a PSW and a Registered Nurse (RN).  
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## WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 35 (3) (a)**

Nursing and personal support services

s. 35 (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

The licensee failed to ensure that for a period of two months, the staffing plan provided for a staffing mix that was consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation.

The home's staffing plan stated that there were to be a required number personal support workers (PSWs) on both day and evening shifts. Multiple days and evenings during the two month timeframe, the home did not meet the assessed number of PSW's to meet the residents' assessed care and safety needs.

**Sources:** staffing plan, resident records, registered staff and PSW schedules, bath schedules, PSW assignment sheets, interviews with PSW's, Director of Care and Executive Director.

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## WRITTEN NOTIFICATION: Pain Management

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NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee has failed to comply with the home's Pain Assessment and Management program when they did not complete the required pain assessments, re-evaluations or communicate with the home's Physician when a resident had ongoing pain from an acute injury.

In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the pain and symptom management program were complied with.

Specifically, when a resident suffered an acute injury causing pain, a comprehensive pain assessment was not completed. When the resident's condition changed and the location, intensity of pain and the additional requirements for analgesic were required, ongoing re-evaluation, and communication with the physician was not completed for multiple days.

**Sources:** Review of progress notes, 72 hour pain monitoring tool, comprehensive pain assessment, hospital records and Program policy titled "Pain Assessment and Management" review date: March 31, 2024, policy #CARE 8- P10, CARE 8-O10.02 , CARE8-O10.01, interview with a RN.

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**WRITTEN NOTIFICATION: Drug Administration**

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NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a resident received their medications when it was prescribed by the Physician.

A Resident required prescribed medication to treat an infection. The Physician prescribed a medication that was available to the home in their emergency medication stock box. The home did not process the physician's order until the following day resulting in the delay of two treatment dosages.

**Sources:** review of the emergency medication stock box list, review of a resident's progress notes, laboratory results, physician's orders and electronic medical record. Review of the home's pharmacy provided MediSystem's Emergency Stock Medication Policy section E. 21, revised August 2024, and interview with a Registered Nurse and Physician.

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