



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 29, 2017	2017_659189_0007	017727-16	Complaint

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**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

SHERWOOD COURT LONG TERM CARE CENTRE  
300 Ravineview Drive Maple ON L6A 3P8

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

NICOLE RANGER (189)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 30, 31, April 4, 5,  
2017**

**This Compliant inspection is in relation to personal support services, responsive behaviours, medication, fall prevention, reporting and complaints**

**During the course of the inspection, the inspector(s) spoke with Interim Executive Director, Director of Care (DOC), Resident Service Coordinator, registered nurse, personal support workers, family members.**

**During the course of the inspection, the inspector conducted a tour of the unit, observed resident and staff interactions, reviewed clinical health records, reviewed relevant home policies and procedures.**

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

**Medication**

**Personal Support Services**

**Responsive Behaviours**

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

**3 WN(s)**

**2 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

On an identified date, the MOHLTC received an complaint related to care received at the home for resident #002. The complainant reported that the registered staff often will give the family member the residents' medication to administer and the registered staff does not observe the resident take the medication. The complainant also reported an incident where the registered staff provided the family member a prescribed treatment lotion to apply to the resident.

A review of the home's policy entitled " LTC Assignment and Delegation to Unregulated Care providers, effective August 31, 2016, directs the registered staff to monitor to ensure that the treatment was applied as per Resident's Medication Treatment Record (MAR\eMAR and/or TAR\eTAR)

Record review and staff interview revealed that on an identified date, RPN #119 provided resident #002's family member a prescribed medicated lotion for the family member to apply to the resident. RPN #119 confirmed that he/she had not instructed the family how to apply the medication, nor did he/she observe and monitor the family member to ensure that the treatment was applied as per physician's order.

A review of the home's policy entitled " LTC Medication Administration", effective August 31, 2016, directs the registered staff to observe medication for ingestion, otherwise , it cannot be considered administered.

Record review revealed that due to resident #002's responsive behaviour, the resident will often refuse to take the medication from the registered staff, and staff will often require the assistance from the resident's family member to help administer the medication. Record review and staff interview with RPN #119 revealed that he/she will call the resident's family member to assist with the medication administration, and providing the scheduled medication to the family member, however he/she does not on occasion observe to see if the resident had taken the medication.

Interview with RPN #119 and the DOC confirmed that the RPN did not comply with home's policy regarding medication administration. [s. 8. (1) (b)]



***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 ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

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

**s. 221. (3) The licensee shall ensure that the training required under paragraph 2 of subsection 76 (7) of the Act includes training in techniques and approaches related to responsive behaviours. O. Reg. 79/10, s. 221 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the training required under paragraph 2 subsection 76(7) of the Act includes training in techniques and approaches related to responsive behaviours.

During an interview with RPN #119, PSW #124, staff reported that they did not receive training on responsive behaviour or Gentle Persuasive Approach (GPA) in 2016.

The inspector reviewed the annual mandatory responsive behaviour training materials for 2016. The inspector did not observe any training material related to techniques and approaches to responsive behaviours ,GPA training, or responsive behaviour management. During an interview with the Resident Service coordinator, he/she confirmed that the mandatory responsive behaviours does not cover intently training on responsive behaviour management, and that the staff did not receive training on GPA in 2016, however staff are scheduled to receive GPA training in 2017. [s. 221. (3)]



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***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 ensure that the training required under paragraph 2 subsection 76(7) of the Act includes training in techniques and approaches related to responsive behaviours, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

On an identified date, the MOHLTC received a complaint related to care received at the home for resident #002. The complainant reported that during a meeting with the management team on an identified date, they were informed that resident #002 did not receive a shower since an identified date.

Record review reveals that the resident's bath days were scheduled on two identified days during the week. Interview with PSW #124 and PSW #125 revealed that due to the resident's responsive behavior, if the resident refuses to have a shower, an alternative shower is provided and the staff will attempt to provide a shower the next day.

A review of the PSW's Point of Care (POC) documentation from an identified time period revealed nine out of 12 scheduled bath days the resident had refused to have a shower, however six out of nine refused scheduled bath day was provided on an alternative day. Record review and staff interview with the DOC confirmed that the resident did not receive his/her scheduled bath on three identified dates, as per documentation, and an alternative shower was not provided to the resident. [s. 33. (1)]

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**Issued on this 1st day of June, 2017**

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

**Original report signed by the inspector.**