



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

**Rapport d'inspection  
prévue le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Toronto Service Area Office  
55 St. Clair Avenue West, 8<sup>th</sup> Floor  
Toronto ON M4V 2Y7

Bureau régional de services de Toronto  
55, avenue St. Clair Ouest, 8<sup>ième</sup> étage  
Toronto, ON M4V 2Y7

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

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Telephone: 416-325-9297  
1-866-311-8002

Téléphone: 416-325-9297  
1-866-311-8002

Facsimile: 416-327-4486

Télocopieur: 416-327-4486

Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 28, 29, May 5, 2011	2011_178_2894_29Apr083604	Critical Incident, T-052-11

**Licensee/Titulaire**  
Revera Long Term Care Inc., 55 Standish Court, 8<sup>th</sup> Floor, Mississauga ON L5R 4B2  
Tel-289-360-1200, Fax-289-360-1201

**Long-Term Care Home/Foyer de soins de longue durée**  
Sherwood Court Long Term Care Centre, 300 Ravineview Drive, Maple ON L6A 3P8

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Susan Lui, 178

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: Executive Director (Administrator), Director of Care, Registered Staff, personal support workers, residents and one family member.

During the course of the inspection, the inspector: reviewed resident records, reviewed Home's policy for Management of Aggressive Resident Behaviour, observed resident and staff interactions, interviewed staff, residents and family.

The following Inspection Protocols were used during this inspection: Responsive Behaviours

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 1 WN
- 1 VPC

**NON-COMPLIANCE / (Non-respectés)**



<b>Definitions/Définitions</b>	
WN – Written Notifications/Avis écrit VPC – Voluntary Plan of Correction/Plan de redressement volontaire DR – Director Referral/Régisseur envoyé CO – Compliance Order/Ordres de conformité WAO – Work and Activity Order/Ordres: travaux et activités	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.  Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.  Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

<p><b>WN #1:</b> The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 6 (1). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.</p> <p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• <b>Plan of care for an identified resident was not updated to include interventions for previously identified behaviours, until the inspector initiated inspections in the home.</b></li> </ul> <p><b>Additional Required Actions:</b>  <b>VPC -</b> pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to <b>ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.</b></p>
--

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>
Title: _____ Date: _____	 Date of Report: (if different from date(s) of inspection). _____