



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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
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Facsimile: (905) 546-8255

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119, rue King Ouest, 11^{ième} étage
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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---------------------------------------|------------------------|--|
| Jan 9, 2014 | 2014_201167_0001 | H-000608-13 | Complaint |

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

TELFER PLACE
245 GRAND RIVER STREET NORTH, PARIS, ON, N3L-3V8

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

MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 2, 3, 2014

During the course of the inspection, the inspector(s) spoke with the Regional Director, registered staff, personal support worker staff, the Restorative Care Coordinator, identified residents and family members.

During the course of the inspection, the inspector(s) conducted a review of health files for identified residents, reviewed any investigation notes completed by the home, reviewed relevant policies and procedures and observed care.

The following Inspection Protocols were used during this inspection:



**Personal Support Services
Prevention of Abuse, Neglect and Retaliation**

Findings of Non-Compliance were found during this inspection.

| 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. 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 did not ensure that residents were bathed, at a minimum, twice a week, unless contraindicated by a medical condition.

A) A review of the Point of Care documentation completed by the personal support worker staff for eight identified residents for the month of December 2013 took place. The documentation indicated that the following residents did not receive their scheduled baths. There was no documentation to indicate that these residents refused their baths nor was there any other identified reasons for the residents not receiving their baths as scheduled.

- Resident # 001 did not receive their scheduled baths on four occasions during the month of December 2013.

- Resident # 002 did not receive their scheduled baths on five occasions during the month of December 2013.

- Resident # 003 did not receive their scheduled baths on four occasions during the month of December 2013.

- Resident # 004 did not receive their scheduled baths on two occasions during the month of December 2013.

- Resident # 005 did not receive their scheduled baths on five occasions during the month of December 2013.

- Resident # 006 did not receive their scheduled baths on three occasions during the month of December 2013.

- Resident # 007 did not receive their scheduled bath on one occasions during the month of December 2013.

- Resident # 008 did not receive their scheduled baths on four occasions during the month of December 2013.

B) During interviews with personal support worker staff and registered staff, they indicated that they had probably worked short staffed on those identified dates and confirmed that if make up baths were completed, they would have documented in the Point of Care documentation.

C) Resident # 001 confirmed during an interview that they were not always offered their baths twice per week.

D) The Director of Care confirmed that there was no documentation in the progress notes for these residents to indicate that they refused their baths nor was there any other identified reasons for the baths not being given. [s. 33. (1)]



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soins de longue durée

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 10th day of January, 2014

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

Marilyn Tone



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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 performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MARILYN TONE (167)

Inspection No. /

No de l'inspection : 2014_201167_0001

Log No. /

Registre no: H-000608-13

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jan 9, 2014

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD :

TELFER PLACE
245 GRAND RIVER STREET NORTH, PARIS, ON,
N3L-3V8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2013_202165_0010, CO #005;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that all residents at the home receive their baths as scheduled.

Grounds / Motifs :

1. [O.Reg. s. 33(1)] Previously issued as a CO during the Resident Quality Inspection conducted June 6, 2013.

The licensee did not ensure that residents were bathed, at a minimum, twice a week, unless contraindicated by a medical condition.

A) A review of the Point of Care documentation completed by the personal support worker staff for eight identified residents for the month of December 2013 took place. The documentation indicated that the following residents did not receive their scheduled baths. There was no documentation to indicate that these residents refused their baths nor was there any other identified reasons for the residents not receiving their baths as scheduled.

- Resident # 001 did not receive their scheduled baths on four occasions during the month of December 2013.
- Resident # 002 did not receive their scheduled baths on five occasions during the month of December 2013.
- Resident # 003 did not receive their scheduled baths on four occasions during the month of December 2013.
- Resident # 004 did not receive their scheduled baths on two occasions during



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the month of December 2013.

- Resident # 005 did not receive their scheduled baths on five occasions during the month of December 2013.
- Resident # 006 did not receive their scheduled baths on three occasions during the month of December 2013.
- Resident # 007 did not receive their scheduled bath on one occasions during the month of December 2013.
- Resident # 008 did not receive their scheduled baths on four occasions during the month of December 2013.

B) During interviews with personal support worker staff and registered staff, they indicated that they had probably worked short staffed on those identified dates and confirmed that if make up baths were completed, they would have documented in the Point of Care documentation.

C) Resident # 001 confirmed during an interview that they were not always offered their baths twice per week.

D)The Director of Care confirmed that there was no documentation in the progress notes for these residents to indicate that they refused their baths nor was there any other identified reasons for the baths not being given. [s. 33. (1)] (167)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 20, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 9th day of January, 2014

Signature of Inspector /
Signature de l'inspecteur : Marilyn Tone

Name of Inspector /
Nom de l'inspecteur : MARILYN TONE

Service Area Office /
Bureau régional de services : Hamilton Service Area Office