Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Original Public Report

Report Issue Date: April 12, 2024	
Inspection Number: 2024-1083-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Thorntonview, Oshawa	
Lead Inspector Sheri Williams (741748)	**Inspector Digital Signature** Sheri A Williams Digitally signed by Sheri A Williams Date: 2024.04.16 14:47:06 -04'00'
Additional Inspector(s) Reethamol Sebastian (741747)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
March 20 -22, and 25 - 28, 2024

The following intake(s) were inspected:

- Intake: #00110173 - Proactive Compliance Inspection - PCI

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Medication Management
Food, Nutrition and Hydration

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

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

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee failed to ensure that the home was a safe and secure environment for its residents by storing construction materials in a home area used by residents.

Rationale and Summary

During an observation for a Proactive Compliance Inspection (PCI) a resident was observed sitting in a room in a home area watching a television beside a yellow plastic divider. On the other side of the divider was observed flooring construction items including flooring, tape, tools, and many metal flooring thresholds.

A staff member indicated that the construction items were being stored in a quiet room area for residents for the past week and a half and acknowledged that they

didn't think the items should be stored there as they posed a safety risk to residents.

The Environmental Services Manager (ESM) and the Executive Director (ED) acknowledged that the construction items could pose a safety risk and they would have them moved immediately.

Failing to provide a safe and secure environment posed a risk that a resident could access flooring construction materials and injure themselves or others.

Sources: Observations in the home, interviews with staff, ESM and ED. [741748]

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
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,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that a written plan of care with clear direction to staff and others who provide direct care to a resident.

Rationale and Summary

A review of the Point Click Care (PCC) electronic health record for a resident identified the bath days as Mondays and Thursdays. A paper bath list indicated the resident bath days were Wednesday and Saturday.

The home's policy indicates residents are to be offered a tub bath, shower, or bed bath, by a method of their choice at least two times weekly.

During separate interviews, staff acknowledged the bath days for the resident were Wednesdays and Saturdays and the Point of Care (POC) and PCC task documentation was not updated as per the bath list.

Sources: Resident's clinical records, interview with the resident, staff, registered staff, and Director of Care (DOC). [741747]

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the provision of care set out in the resident's plan of care was documented by staff in the Point of Care (POC).

Rationale and Summary

A review of the clinical records for a resident indicated there was no documentation in POC on a specific date, that the resident received a bath provided by the staff. In addition, no progress notes indicated if the resident refused the bath or whether a bed bath or shower was offered on a specific week. The home policy indicates residents are offered a tub bath, shower, or bathing method of choice at least two times weekly.

The DOC confirmed that staff were required to document any provision of care set out in the residents' care plan in POC. The DOC acknowledged that the required documentation was not completed by staff for the resident accordingly.

Sources: Resident's clinical records, Interviews with the resident, staff, registered staff, and DOC. [741747]

WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and

The licensee has failed to ensure that two resident's weights were assessed and recorded every month.

Rationale and Summary
1. During the PCI, the Inspector reviewed a resident as a part of the meal service observation.

A review of the clinical record for the resident indicated that there were no documented weights for five months.

The nutritional status of the resident, in the care plan, indicated the resident was assessed as high nutritional risk, due to the resident's low body weight and body mass index (BMI) status, and the resident had a history of weight loss.

During interviews, the Registered Dietitian (RD) indicated it is required for the residents to be weighed monthly and the weights are to be documented in the

resident's clinical record. In an interview, the DOC confirmed they were unable to find the monthly weight of the resident for five months.

Failing to ensure that the resident's weight was measured and recorded monthly put the resident at increased risk, as the resident was assessed as high nutritional risk and had a history of weight loss.

Sources: Resident's clinical record and care plan, interviews with RD, and DOC.

[741747]

2. During the PCI, the Inspector reviewed a resident as a part of meal service observation.

A review of the clinical record of the resident indicated that there were no weights documented for three months.

The Nutritional status of the resident, in the care plan indicated the resident was assessed as a high nutritional risk as evidenced by chewing/swallowing difficulty, decreased ability to consume sufficient energy, diseases, inability to tolerate certain foods, inadequate intake, multiple dislikes, and nausea/vomiting.

During an interview, RD indicated it is required for the residents to be weighed monthly and the weights are to be documented in the resident's clinical record. In an interview, the DOC confirmed they were unable to find the monthly weight of the resident for three months.

By not ensuring weights were monitored and recorded every month, residents were placed at risk of experiencing fluctuating weights without a plan of care being identified and implemented to prevent associated nutritional risks due to the weight changes.

Sources: Resident's clinical record and care plan, interviews with RD, and DOC.
[741747]

WRITTEN NOTIFICATION: Maintenance Services

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (c)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

The licensee failed to ensure that the ceiling heating and air conditioning units were in a good state of repair.
Rationale and Summary

During an observation in the Proactive Compliance Inspection (PCI) two ceiling heating and air conditioning units on a home area were observed to have missing covers and the ceiling units were very low and easily reachable.

The Environmental Service Manager (ESM) acknowledged that the ceiling units should have covers and could pose a safety risk and they would have them replaced as soon as possible. The covers were observed in place the next day.

Failing to ensure ceiling heating and air conditioning units have covers in place posed a risk that residents could put their hand inside the units and be injured.

Sources: Observations, interview with Environmental Service Manager (ESM). [741748]

WRITTEN NOTIFICATION: Hazardous Substances

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee failed to ensure that hazardous substances were kept inaccessible to residents.

Rationale and Summary

During observations in a home area there was a mini refrigerator observed in an area accessible to residents. Inside was stored specimens in biohazard marked bags. The mini refrigerator did not have any locks, signs, or measures to prevent or inhibit resident access.

Staff and the Infection Prevention and Control (IPAC) Lead indicated that the mini refrigerator was used to store biohazardous substances including urine, stool, and PCR (polymerase chain reaction samples for Covid-19 testing), and that there is nothing in place to ensure that it is not accessible to residents.

The Executive Director (ED) acknowledged that the biohazardous substances could be better stored and that they would have it moved to another area as soon as possible. The next day it was observed that a lock had been installed to prevent access to residents.

Sources: Observations, Interviews with RN #107, IPAC Lead and ED. [741748]

WRITTEN NOTIFICATION: Quarterly Evaluation

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 124 (1)
Quarterly evaluation
s. 124 (1) Every licensee of a long-term care home shall ensure that an

interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The licensee has failed to ensure that an interdisciplinary team meets quarterly, which must include the Medical Director, the Executive Director, the Director of Nursing and Personal Care, and the pharmacy service provider to evaluate the effectiveness of the medication management system in the home.

Rationale and Summary

During the PCI, the home was asked to provide a copy of their quarterly medication evaluations.

The Professional Advisory Committee (PAC) meeting minutes they documented the quarterly medication management evaluations. The recent PAC meeting minutes indicated the Pharmacy service provider did not attend the meeting.

The DOC acknowledged that the home's expectation was for the Pharmacy service provider to attend the PAC meetings for the quarterly evaluation of the medication management program and that they were aware that the medication management program of the home was to be evaluated quarterly with an interdisciplinary team.

Failing to ensure that the quarterly evaluation was interdisciplinary including the Pharmacy service provider, posed a risk to the harm that the medication management system did not identify improvements for safe administration of medication.

Sources: Professional Advisory Committee meeting minutes, interview with DOC. [741747]

WRITTEN NOTIFICATION: Annual Evaluation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 125 (1)
Annual evaluation
s. 125 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The Licensee failed to ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the DOC, the pharmacy service provider, and the RD who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Rationale and Summary:

During the PCI, the home was asked to provide a copy of their annual medication management program evaluations.

The Medication Management Program Evaluation report did not show any evidence that it was reviewed by the Medical Director, the pharmacy service provider, and the RD. The report indicated the team consisted of the administrator, DOC, Recreation manager (RM), and Behaviour support manager (BSM).

An interview with the DOC confirmed that the team consisted of the Administrator, DOC, RM, and BSM. The DOC acknowledged that they were aware that the medication management program of the home was to be evaluated annually by an interdisciplinary team.

The home's failure to have an interdisciplinary team including the Medical Director, the pharmacy service provider, and the RD to review annually the effectiveness of the home's medication management system poses the risk of changes and improvements not being implemented.

Sources: Review of the home's Medication Management Evaluation, PAC meeting minutes, and interview with the DOC. [741747]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
3. The home's Medical Director.
The licensee has failed to ensure that the home's Medical Director (MD) was part of their Continuous Quality Improvement (CQI) Committee.

Rationale and Summary

During a review of the home's continuous quality improvement (CQI) committee meeting minutes for September and December 2023 it was observed that the Medical Director was not included as a member of their committee.

The Executive Director (ED) acknowledged that it was the home's expectation that the Medical Director was a member of the CQI committee and in past had not been attending meetings.

Failing to ensure that the Medical Director is a member of the CQI meetings limits their ability to provide feedback on improvements to the home.

Sources: Review of the CQI meeting minutes, and interview with ED. [741748]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
5. The home's registered dietitian.

The licensee has failed to ensure that the home's Registered Dietician (RD) was part of their Continuous Quality Improvement (CQI) Committee.

Rationale and Summary

During a review of the home's continuous quality improvement (CQI) committee meeting minutes for September and December 2023 it was observed that the home's Registered dietician (RD) was not included as a member of their committee.

The Executive Director (ED) acknowledged that it was the home's expectation that the Registered Dietician was a member of the CQI committee and in past had not been attending meetings.

Failing to ensure that the Registered Dietician is a member of the CQI meetings limits their ability to provide feedback on improvements to the home.

Sources: Review of the CQI meeting minutes, and interview with ED. [741748]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the home's Pharmacy provider was part of their Continuous Quality Improvement (CQI) Committee.

Rationale and Summary

During a review of the home's continuous quality improvement (CQI) committee meeting minutes for September and December 2023 it was observed that the home's Pharmacy provider was not included as a member of their committee.

The Executive Director (ED) acknowledged that it was the home's expectation that the Pharmacy provider was a member of the CQI committee and in past had not been attending meetings.

Failing to ensure that the Pharmacy provider is a member of the CQI meetings limits their ability to provide feedback on improvements to the home.

Sources: Review of the CQI meeting minutes, and interview with ED. [741748]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that at least one employee of the licensee who is a member of the regular nursing staff of the home was part of their Continuous Quality Improvement (CQI) Committee.

Rationale and Summary

During a review of the home's continuous quality improvement (CQI) committee meeting minutes for September and December 2023 it was observed that at least one employee of the licensee who is a member of the regular nursing staff of the home was not included as a member of their committee.

The Executive Director (ED) acknowledged that it was the home's expectation that at least one employee of the licensee who is a member of the regular nursing staff of the home was a member of the CQI committee and in past had not been attending meetings.

Failing to ensure that at least one employee of the licensee who is a member of the regular nursing staff of the home is a member of the CQI meetings limits their ability to provide feedback on improvements to the home.

Sources: Review of the CQI meeting minutes, and interview with ED. [741748]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52 was part of their Continuous Quality Improvement (CQI) Committee.

Rationale and Summary

During a review of the home's continuous quality improvement (CQI) committee meeting minutes for September and December 2023 it was observed that at least one employee of the licensee who has been hired as a personal support worker was not included as a member of their committee.

The Executive Director (ED) acknowledged that it was the home's expectation that at least one employee of the licensee who has been hired as a personal support worker was a member of the CQI committee and in past had not been attending meetings.

Failing to ensure that at least one employee of the licensee who has been hired as a personal support worker is a member of the CQI meetings limits their ability to provide feedback on improvements to the home.

Sources: Review of the CQI meeting minutes, and interview with ED. [741748]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (1)
Continuous quality improvement initiative report
s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee failed to ensure that a Continuous Quality Improvement Initiative report for the home was posted on the home's website.

Rationale and Summary

According to O. Reg. 246/22, s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The home's website was reviewed, and the Quality Improvement Plan posted was dated September 13, 2023, and did not contain all of the requirements for the Continuous Quality Management Initiative report required by legislation.

Failing to ensure that the home posts all key information on their website related to their Continuous Quality Improvement report limits the family, visitors, and community members knowledge of the home's quality improvements at the home.

Sources: Thorntonview LTCH website, Quality Improvement Plans September 2023 and March 2024, Interview with the ED. [741748]