

**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

## Original Public Report

**Report Issue Date:** April 16, 2024

**Inspection Number:** 2024-1264-0001

**Inspection Type:**

Complaint  
Critical Incident

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

**Long Term Care Home and City:** Trillium Court, Kincardine

**Lead Inspector**

Amanpreet Kaur Malhi (741128)

**Inspector Digital Signature**

**Additional Inspector(s)**

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 13-15, 20-22, 25-27, 2024

The inspection occurred offsite on the following date(s): March 18, 2024

The following intake(s) were inspected:

- Intake: #00103018, CI #2773-000026-23, related to resident's abuse or care neglect
- Intake: #00109214, CI # 2773-000016-24, related to an enteric outbreak
- Intake: #00108059, complaint related to resident's care and quality of food

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

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Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 3.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

3. Resources, supplies, personal protective equipment and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protective equipment and equipment have not expired.

**NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O. Reg 246/22, s. 268 (4) 3

The licensee failed to ensure that the readily available hand hygiene products were

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not expired.

**Rationale and Summary**

During an observation, it was noted that the hand hygiene products available at the home were expired.

Upon notification, staff on duty immediately removed the expired hand sanitizer products/bottles. Other hand sanitizer products/bottles that were not expired were readily available.

**Sources:** Observations and Interview with IPAC Manager [741128]

**Date Remedy Implemented:** March 13, 2023

**WRITTEN NOTIFICATION: Involvement of resident, etc.**

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

**Non-compliance with: FLTCA, 2021, s. 6 (5)**

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to give a resident's substitute decision maker (SDM) an opportunity to fully participate in the development and implementation of the resident's care plan by not notifying or updating them of the resident's healed altered skin integrity.

**Rationale and Summary**

A resident's SDM was not notified about the healed status of their altered skin

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integrity. There was no documentation indicating that physician or family/resident were notified about the healed or resolved status of their altered skin integrity.

RPN #108 stated staff were required to notify the family and document when the altered skin integrity healed or resolved.

**Sources:** Resident's clinical records, and interview with the home's staff [741128]

**WRITTEN NOTIFICATION: Duty of licensee to comply with plan**

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that a resident had their hair washed as set out or specified in their plan of care.

**Rationale and Summary**

A resident was not being assisted to wash their hair on the days as specified in their plan of care.

The ED confirmed that the resident was not having their hair washed as set out in their plan of care and there was no documentation as to the reasoning behind it.

When the resident did not have their hair washed as set out in their plan of care, it increased the risk of skin and hygiene issues.

**Sources:** Critical Incident Report, Resident's clinical records and interview with ED #100 [741128]

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## WRITTEN NOTIFICATION: Bathing

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

**Non-compliance with: O. Reg. 246/22, s. 37 (1)**

**Bathing**

s. 37 (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 their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

**Rationale and Summary**

A resident was not bathed, at a minimum, twice a week as set out or specified in their plan of care.

For the specified period, it was noted that there was no documentation to support that the resident was bathed, at a minimum, twice a week by the method of their choice.

The ED confirmed that there was no documentation to support or indicate the reason for not providing the resident their scheduled baths for the specified period.

When the resident was not given a bath by their preferred method at least twice a week, the home failed to provide an alternative arrangement, putting the resident at risk of skin and hygiene issues.

**Sources:** Resident's clinical records and interview with ED #100 [741128]

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## WRITTEN NOTIFICATION: Menu planning

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (i)**

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,  
(c) is approved for nutritional adequacy by a registered dietitian who is a member of  
the staff of the home, and who must take into consideration,  
(i) subsection (1),

The licensee failed to ensure that the menus for regular, therapeutic and texture modified diets for both meals and snacks were reviewed by the registered dietitian before approving the winter menu cycle for nutritional adequacy and prior to being put into effect.

### Rationale/Summary

Documentation on the last Menu review and evaluation indicated that the snack menu was not provided for review at the time and the therapeutic extensions for diet texture modifications for minced meat/minced/puree diet were missing for various food items. Also, as the snack menu was not available for nutrient analysis, dietary reference intakes (DRI's) were higher.

RD #105 confirmed that the snack menu was not reviewed during the last menu cycle evaluation. RD #105 stated as the therapeutics for minced and puree diets and snacks were missing for various food items, there was increased risk of dietary staff preparing and serving incorrect diet textures to residents.

**Sources:** Menu Review and Evaluation and Interview with RD #105 [741128]

## WRITTEN NOTIFICATION: Menu planning

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NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (3)**

Menu planning

s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

A) The licensee failed to ensure that a written record was kept of the summer menu evaluation under clause (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented.

**Rationale and Summary**

ED #100 stated that the summer menu would have been reviewed and evaluated before being activated, but they were unable to provide any records of its evaluation.

When a written record was not maintained for the home's menu cycle approval, staff would be unable to evaluate the changes made to the base menu or assess its nutritional adequacy.

**Sources:** E-mail from ED dated April 2, 2024, no Evaluation records for Summer Menu, and interviews with the home's staff [741128]

B) The licensee failed to ensure that the written record kept of the winter menu cycle evaluation, included a summary of the changes made and the date the changes were implemented.

**Rationale and Summary**

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The written record of the long-term care home's (LTCH) most recently completed menu cycle evaluation did not include a summary of the changes made and the date the changes were implemented.

Staff stated they communicated the identified concerns, but received no follow-ups.

Not including a summary of changes made and the dates those changes were implemented on the written record of the menu cycle evaluation makes it difficult to assess the residents satisfaction with the planned menu.

**Sources:** Fall/winter menu cycle evaluation, and interviews with the home's staff [741128]

**WRITTEN NOTIFICATION: Menu planning**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

**Rationale and Summary**

During an observation, it was noted that potato chips and rice krispies were not offered to the residents as listed on the planned/posted lunch menu for the day.

Review of ingredient preparation sheets for a specific period showed that food items or products served to residents did not align with both the summer and winter planned menus.



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The email communication record re: kitchen and dietary issues with NM #104 showed that planned menu items were often not being offered at meals and snack.

Cook #106 stated residents were voicing concerns to them about not having what was on the menu.

Dietary Aide #107 indicated that residents were not always served the food items indicated on the posted menu boards when products were not available and substitutions were made.

When residents were not offered the planned menu items, they may be disappointed or dissatisfied with their meals.

**Sources:** Observations, Ingredient preparation sheets for a specified period, Email communication record re: kitchen and dietary issues, and interviews with the home's staff [741128]

## **WRITTEN NOTIFICATION: Food production**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (g)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(g) documentation on the production sheet of any menu substitutions. O. Reg. 246/22, s. 78 (2).

The licensee failed to ensure that the food production system must, at a minimum, provide for documentation on the production sheet of any menu substitutions.

### **Rationale and Summary**

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In accordance with O. Reg 246/22, s. 11 (1) (b), Where the Act or this Regulation requires the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

The home's policy titled Meal Production Guidelines, INDEX CARE17-020.01, procedure required menu substitutions to be similar to the planned menu, of comparable nutritional value to the original menu item and to be recorded on the daily menu production sheets with the reason for the change. Also, it required menu substitutions, weekly menu and production sheets to be kept on file for a minimum of one year.

Menu substitution records were not maintained by the home.

The Nutrition Manager and the ED confirmed that the home kept no record of the menu substitutions.

When no substitution records were kept, there was heightened risk of dietary inconsistencies and potential nutritional inadequacies.

**Sources:** No menu substitutions records, Home's policy titled: Menu Production Guidelines, INDEX CARE17-020.01, Reviewed date: March 31, 2023, and interviews with the home's staff [741128]

**WRITTEN NOTIFICATION: Food production**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)**

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78

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(3).

The licensee failed to ensure that all food and fluids in the production system were served using methods to prevent adulteration, contamination and food borne illness.

**Rationale and Summary**

A complaint was received by Ministry of Long-Term Care Home (LTCH) re: food handling practices.

During an observation, it was noted that staff serving the ice-cream snack left it uncovered while they stepped away to inquire about a resident's choice or to serve them their preferred choice of snack.

The Nutrition Manager (NM) stated that staff were expected to cover the food products when stepping away from the snack carts.

Leaving the food product/ice-cream uncovered posed a risk of contamination, increasing the likelihood of foodborne illnesses.

**Sources:** Observation and interview with NM #104 [741128]

**WRITTEN NOTIFICATION: Dealing with complaints**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (2)**

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the

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action, time frames for actions to be taken and any follow-up action required;  
(d) the final resolution, if any;  
(e) every date on which any response was provided to the complainant and a description of the response; and  
(f) any response made in turn by the complainant.

The licensee failed to ensure that a documented record was kept in the home related to alleged neglect of a resident that included the nature of a verbal complaint, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, any response made in turn by the complainant.

**Rationale and Summary**

A Critical Incident (CI) was submitted to the Ministry of Long-Term Care Home (LTCH) concerning neglect of a resident in the home.

The home conducted an internal investigation and took actions to address the voiced concerns. No documented records were kept in the home that included the nature of this verbal complaint, the date the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, any response made in turn by the complainant.

ED #100 stated that due to the lack of documentation they could not support whether an internal investigation or follow-up was completed for this verbal complaint.

When there was no record of the verbal complaint, the home was unable to confirm

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whether the complaint had been addressed and follow-up provided to the complainant.

**Sources:** CI, Email communication with ED #100, No internal investigation/complaints record and interview with ED #100 [741128]