



**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**

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

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 2, 2015	2015_188168_0002	H-001843-15	Resident Quality Inspection

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

BAYWOODS PLACE
330 MAIN STREET EAST HAMILTON ON L8N 3T9

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

LISA VINK (168), DIANNE BARSEVICH (581), LEAH CURLE (585), THERESA
MCMILLAN (526)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 19, 20, 21, 22, 23, 26, and 27, 2015.

Follow Up Inspections H-00604-14, H-000605-14, H-000606-14, H-000876-14, H-000877-14 and H-000878-14, were conducted concurrently during this Resident Quality Inspection (RQI) and are included in this Inspection Report.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care, Associate Director of Care (ADOC), recreation staff, the Food Services Manager, Environmental Services Manager (ESM), Staff Educator, registered nursing staff, personal support workers (PSW's), Physiotherapist (PT), unregulated staff, families and residents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Residents' Council
Safe and Secure Home
Training and Orientation**



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

9 WN(s)
7 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 221. (1)	CO #001	2014_201167_0015		168
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2014_205129_0004		168
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #003	2014_205129_0004		168
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2014_201167_0015		168



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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

A. Resident #21 had a change in care requirements related to an increase in the level of assistance required for toileting and continence. This change in status was confirmed during staff interview and reflected in the November 7, 2014, Minimum Data Set (MDS) assessment. A review of the current plan of care noted that the resident was independent with toileting and fully continent. Interview with registered and PSW staff confirmed that the plan of care was not based on the current assessment of the resident and their continence care needs.

B. Resident #12 was observed to be unshaven on January 20, 2015. When interviewed on January 21, 2015, the resident identified that they did not want/need to be shaven daily. The plan of care identified assistance of staff was required for shaving; however, no frequency was identified. Regular registered and PSW staff confirmed that the



resident was not shaven daily, that they were shaven consistently on shower days and routinely every two to three days as was their known preference. The plan of care was not based on the assessment of the resident's preferences related to hygiene and grooming.

C. Resident #13 was observed to be unshaven on January 20, and 21, 2015. On January 21, 2015, the resident was asked if they wanted to be shaven to which they responded with "no" and turned away. The plan of care identified assistance of staff was required for shaving; however, no frequency was identified. Regular registered and PSW staff confirmed that the resident was not shaven daily, that they were shaven consistently at a minimum of every two days as was the resident's known preference. The plan of care was not based on the assessment of the resident's preferences related to hygiene and grooming. [s. 6. (2)]

2. The licensee failed to ensure that staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessments of the resident so that their assessments were integrated, consistent with and complemented each other.

A. Resident #22 fell in 2014, and sustained injuries. The Falls Risk Assessment Tool completed the following day, indicated the resident was at a low risk for falls. The registered staff confirmed that the assessments were not consistent and did not complement each other.

B. Resident #14 was at risk for falls. The Physiotherapy Quarterly Assessment completed December 22, 2014, identified the resident was at medium risk for falls. The plan of care indicated that they were a high risk of falls and the Falls Risk Assessment Tool completed on December 24, 2014, identified they were a low risk of falls. The ADOC confirmed that the assessments were not consistent and did not complement each other.

C. Resident #15 sustained two falls in the early summer of 2014. The MDS assessment completed on August 4, 2014, did not indicate that the resident sustained falls in the past 31 to 180 days. The plan of care identified a low risk of falls; however, the Falls Risk Assessment Tool completed on November 8, 2014, indicated a medium risk of falls. The ADOC confirmed that the assessments were not consistent and did not complement each other.

D. The plan of care and most recent MDS assessment indicated that resident #20



required the assistance of two staff for all transfers. Interviews with the registered staff, PSW's and the PT all stated the resident was a one person transfer. The bedside logo directed staff to transfer the resident with one person, which was the assistance being provided during the observation period. Registered staff confirmed that the assessments completed were not consistent and did not complement each other. [s. 6. (4) (a)]

3. The licensee has failed to ensure that the resident was reassessed and the plan of care was reviewed and revised when the resident's care needs changed.

Review of the written plan of care for resident #22 indicated that they ate their meals in the main dining room. Interview with the registered and PSW staff stated that for the past two weeks the resident was eating in the floor dining room due to an increased risk of choking. On January 26, 2014, the resident was observed eating lunch in the floor dining room. Registered staff confirmed that the plan of care was not revised when the resident's care needs changed. [s. 6. (10) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector". 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 to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences and to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessments of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that a resident was served their meal course by course unless otherwise indicated by the resident or the resident's assessed needs.

On January 21, 2015, resident #18 was observed eating their lunch meal. The main course, dessert, fruit, and beverages were placed in front of them. The resident was unable to state if they preferred having multiple courses together. A PSW stated that meals were to be served course by course, and dishes removed prior to serving the next course. The PSW and registered staff confirmed the resident did not have an assessed need to have multiple courses at once. The FSM confirmed meals were to be served a course at a time, unless otherwise indicated during an assessment. [s. 73. (1) 8.]

2. The licensee failed to ensure that proper techniques were used to assist a resident with eating, including safe positioning.

Resident #11 required limited to total assistance for feeding. The resident had a plan of care to be positioned at a 90 degree angle during meals, and remain up for 30 to 45 minutes after meals, with a goal to prevent choking and aspiration.

On multiple occasions, the resident was observed receiving improper techniques from staff with feeding, including unsafe positioning.

i. On January 19, 2015, during the lunch meal, the resident was observed being fed by a PSW in a chair that was tilted backward, and their head extended back. The resident was observed up to 30 minutes post meal in a reclined position at 45 degrees.

ii. On January 20, 2015, during the breakfast meal, the resident was observed being fed by a registered staff in a chair that was tilted backward, and their head extended back. The resident was observed up to 30 minutes post meal in a reclined position at 45 degrees.

iii. On January 20, 2015, during the lunch meal, the resident was observed being fed by a PSW in a chair that was tilted backward, and their head extended back. The resident was observed up to 30 minutes post meal in a reclined position at 45 degrees.

iv. On January 21, 2015, the resident was observed being fed by registered staff in a chair that was tilted backward, and their head extended back. The resident was observed 20 minutes post meal in a reclined position at 45 degrees, which was confirmed by registered staff.

v. Registered staff confirmed that the resident should have been fed at 90 degrees and should have remained at 90 degrees for 30 to 45 minutes after meals according to the resident's plan of care in order to minimize the risk of choking and aspiration. (526 and 585) [s. 73. (1) 10.]



Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home was a safe and secure environment for its residents.

On January 19, 2015, the door to the fourth floor serverly, from the hallway, was open and the room unoccupied. The steam wells in the steam table were observed to be hot to touch. Registered staff confirmed the door should be locked at all times when staff were not in attendance, which was confirmed by the ADOC. [s. 5.]

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 to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #4: 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 failed to ensure that that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The program, Continence Care, LTC-E-50, last revised May 2013, identified that, staff were to "initiated the 3 day continence assessment on admission and/or if there is a change in level of continence".

Resident #21, was previously assessed as continent of bowel and bladder functioning. The November 7, 2014, MDS assessment noted a change in continence, that the resident was now occasionally incontinent of bowel and frequently incontinent of bladder function. Staff confirmed that it was the expectation that with a change in the level of continence they initiate a three day continence assessment. A reviewed of the clinical record did not include a three day assessment for the identified time period, which was confirmed by staff. The home's program was not complied with. [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 to ensure that that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.



**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that the home and equipment were kept clean and sanitary.

Not all spa rooms on January 23, 2015, were observed to be clean and sanitary.

- i. The fourth floor tub was noted to have a dried on liquid in one corner of the basin.
- ii. The tub in the fifth floor spa room was observed to have a dried on liquid around the edge of the basin. The shower fixture was noted to have debris around the floor patch and a black substance round the transition where the lower portion of the shower was attached to the middle portion.

Interview with the ED and ESM confirmed that the bathroom fixtures were to be maintained in a condition ready for resident use and that the spa on the fifth floor was not kept in a clean and sanitary condition. [s. 15. (2) (a)]

2. The licensee failed to ensure that the home was maintained in a good state of repair.

Spa rooms were observed and it was noted that not all shower fixtures and surrounding transitional flooring was in a good state of repair.

The shower fixtures on the fourth, fifth and sixth floors were noted to have a gap, due to the absence of caulking, between the flooring and the shower unit leaving a space for debris to collect and build up. Interview and tour with the ED and the ESM confirmed that the areas were not in a good state of repair, contained debris and that the areas were not easily cleaned. Discussion with maintenance staff on January 26, 2015, confirmed that he was in the process of cleaning and replacing the caulking for the shower units. [s. 15. (2) (c)]

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 to ensure that the home and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that where bed rails were used, safety issues related to the bed rails were addressed.

The plan of care for resident #11 indicated that they were “not using bed rails as the resident would put their arms and legs in between the rails which could cause harm”. On January 19, 2015, the resident's unoccupied bed was observed to have one half rail in the raised position. On January 21, 2015, the resident was observed lying in bed with two raised rails, lying diagonally with their head against the raised bed rail and their legs hanging over the edge. Interview with registered and PSW staff confirmed awareness that the resident was not to use bed rails and they lowered the rails. The ADOC confirmed that the resident should not have had their bed rails raised as they posed a safety risk. [s. 15. (1) (c)]

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 to ensure that where bed rails are used, safety issues related to the bed rails are addressed, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident-staff communication and response system was available in every area accessible by residents.

It was observed that the home did not have a resident-staff communication and response system located in the first floor lounge or in the three secured outdoor areas used by residents. Interview with the ED confirmed that a communication and response system was not available in the identified areas, which residents access. [s. 17. (1) (e)]

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 to ensure that the resident-staff communication and response system is available in every area accessible by residents, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that a planned menu item were offered and available at a lunch meal.

On January 21, 2015, during lunch meal service, the posted menus on fourth and sixth floors indicated that tea biscuits were to be served. A dietary aide confirmed that tea biscuits were not prepared and was an error on the menu. The FSM confirmed that the tea biscuits were on the posted planned menus, but it should have been removed. [s. 71. (4)]

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 to ensure that planned menu items are offered and available at meals, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



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1. The licensee did not seek the advice of the Family Council in the development and carrying out of the satisfaction survey, and in acting on its results.

The Family Council Chair stated the Council had not participated in the development and carrying out of the satisfaction survey. Interviews with the Council Assistant and a review of Family Council Meeting Minutes for 2014, confirmed that the Councils advice was not sought regarding the satisfaction survey specifically related to its development, implementation and in acting on the results. [s. 85. (3)]

Issued on this 9th day of February, 2015

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

Original report signed by the inspector.



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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*

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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**

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LISA VINK (168), DIANNE BARSEVICH (581), LEAH
CURLE (585), THERESA MCMILLAN (526)

Inspection No. /

No de l'inspection : 2015_188168_0002

Log No. /

Registre no: H-001843-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Feb 2, 2015

Licensee /

Titulaire de permis :

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

LTC Home /

Foyer de SLD :

BAYWOODS PLACE
330 MAIN STREET EAST, HAMILTON, ON, L8N-3T9

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

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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
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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre 2014_205129_0004, CO #002;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that staff involved in different aspects of care of residents, who are at risk of falling or who have fallen, collaborate with each other in the assessment of the residents to ensure that the assessments are consistent and complement each other.

The plan shall include, but not be limited to:

- A. The development and implementation of a process that clearly describes how and when staff will collaborate in the assessment of residents related to falls, including the identification of individual staff's responsibilities related to the documentation of the collaboration.
- B. Education for staff on how to complete the Fall Risk Assessment Tool used in the home, the falls management policy and expectations of staff post fall.
- C. The development and implementation of a system of ongoing monitoring to ensure staff comply with the process identified.

The plan is to be submitted on or before February 9, 2015, to
Lisa.Vink@ontario.ca

Grounds / Motifs :



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*

1. Previously served as a CO on April 29, 2014.

A. Resident #22 fell in 2014, and sustained injuries. The Falls Risk Assessment Tool completed the following day, indicated the resident was at a low risk for falls. The registered staff confirmed that the assessments were not consistent and did not complement each other.

B. Resident #14 was at risk for falls. The Physiotherapy Quarterly Assessment completed December 22, 2014, identified the resident was at medium risk for falls. The plan of care indicated that they were a high risk of falls and the Falls Risk Assessment Tool completed on December 24, 2014, identified they were a low risk of falls. The ADOC confirmed that the assessments were not consistent and did not complement each other.

C. Resident #15 fell on two occasions in the early summer of 2014. The MDS assessment completed on August 4, 2014, did not indicate that the resident sustained falls in the past 31 to 180 days. The plan of care identified a low risk of falls; however, the Falls Risk Assessment Tool completed on November 8, 2014, indicated a medium risk of falls. The ADOC confirmed that the assessments were not consistent and did not complement each other.

(581)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2015

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*

Order # /**Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Linked to Existing Order /****Lien vers ordre
existant:**

2014_201167_0015, CO #003;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :



**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*

The licensee shall prepare, submit and implement a plan to ensure that proper feeding techniques are used to assist residents with eating, including safe positioning of residents who require assistance.

The plan shall include, but not be limited to:

- A. Education for all staff responsible for the feeding of residents regarding safe feeding techniques, including positioning and the specific needs of individualized residents as determined by an assessment.
- B. Ensuring that the necessary supplies and equipment are available to assist staff in the safe feeding of residents.
- C. The development and implementation of a process that clearly indicates to staff, the level of assistance and individualized needs of residents related to feeding.
- D. The development and implementation of a system of ongoing monitoring to ensure ongoing compliance.

The plan shall be submitted on or before February 9, 2015, to
Lisa.Vink@ontario.ca

Grounds / Motifs :



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*

1. This was previously served as a CO on June 6, 2014.

The licensee failed to ensure that proper techniques were used to assist a resident with eating, including safe positioning.

Resident #11 required limited to total assistance for feeding. The resident had a plan of care to be positioned at a 90 degree angle during meals, and remain up for 30 to 45 minutes after meals, with a goal to prevent choking and aspiration. On multiple occasions, the resident was observed receiving improper techniques from staff with feeding, including unsafe positioning.

i. On January 19, 2015, during the lunch meal, the resident was observed being fed by a PSW in a chair that was tilted backward, and their head extended back. The resident was observed up to 30 minutes post meal in a reclined position at 45 degrees.

ii. On January 20, 2015, during the breakfast meal, the resident was observed being fed by a registered staff in a chair that was tilted backward, and their head extended back. The resident was observed up to 30 minutes post meal in a reclined position at 45 degrees.

iii. On January 20, 2015, during the lunch meal, the resident was observed being fed by a PSW in a chair that was tilted backward, and their head extended back. The resident was observed up to 30 minutes post meal in a reclined position at 45 degrees.

iv. On January 21, 2015, the resident was observed being fed by registered staff in a chair that was tilted backward, and their head extended back. The resident was observed 20 minutes post meal in a reclined position at 45 degrees, which was confirmed by registered staff.

v. Registered staff confirmed that the resident should have been fed at 90 degrees and should have remained at 90 degrees for 30 to 45 minutes after meals according to the resident's plan of care in order to minimize the risk of choking and aspiration.

(526)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 06, 2015



**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



**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

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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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



**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*

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.



**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
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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, 11^e 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.



**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
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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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 2nd day of February, 2015

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** LISA VINK

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