

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 23, 2019	2019_560632_0024	013483-19	Complaint

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

YULIYA FEDOTOVA (632)

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): October 3, 4, 8, 9, 10, 2019.

**The following Complaint inspection was completed:
log #013483-19 - was related to medication and pain.**

**This inspection was completed concurrently with Critical Incident System (CIS)
Inspection #2019_560632_0023:
log #016059-19 - was related to falls prevention.**

During the course of the inspection, the inspector(s) spoke with The Executive Director (ED), Director of Resident Care (DOC), Assistant Director of Care #1 (ADOC), ADOC #2, Minimum Data Set (MDS) Residents Assessment Instrument (RAI) Co-ordinator, Physiotherapist (PT), Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), residents and their families.

During the course of the inspection, the inspector reviewed clinical records, policies, procedures, and practices within the home, reviewed meeting minutes and observed the provision of care.

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

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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>Légende</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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

1. Compliant log #013483-19 (IL-68250-HA) submitted to the MOLTC, related to the concern about resident #004's medication.

Review of specified clinical documentation indicated that there was a change in resident #004's medication in May 2019 and no documentation about notification of the resident was identified for an identified period in May 2019. During the inspection, RPN #107 indicated that resident #004 did not have their Substitute Decision Maker (SDM) and was able to make decision by themselves, including medication administration changes, which were to be documented in Point Click Care (PCC). RPN #107 confirmed that the resident was refusing medication already and there was a change in medication order and there was no documentation that the resident was contacted.

During the inspection, the ED indicated that the registered staff confirmed that the Physician discussed change in medication with the resident.

Review of LTC – Interdisciplinary Documentation Procedure INDEX: ADMIN4-O10.02 indicated that documentation (electronic or paper) would provide a record of the resident's needs, care provided and clinical outcomes.

The licensee failed to ensure that change in medication administration with the respect to resident #004 under a program, including interventions and the resident's responses to interventions, was documented.

2. Review of specified clinical documentation indicated that resident #006's medication dose was changed and no documentation about notification of the resident and/or their SDM was identified for an identified period in July, 2019. During the inspection RPN #107 indicated that resident #006's SDM was informed about the medication dose change for resident #006 but it was not documented in PCC.

During the inspection, the resident's SDM indicated that they were informed about the medication dose change.

Review of LTC – Interdisciplinary Documentation Procedure INDEX: ADMIN4-O10.02 indicated that documentation (electronic or paper) would provide a record of the

resident's needs, care provided and clinical outcomes.

The licensee failed to ensure that medication dose change for resident #006 under a program, including interventions and the resident's responses to interventions, was documented. [s. 30. (2)]

Issued on this 29th day of October, 2019

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

Original report signed by the inspector.