

**Ministry of Long-Term Care**

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

**Toronto District**

5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

## Original Public Report

**Report Issue Date:** October 2, 2024

**Inspection Number:** 2024-1103-0003

**Inspection Type:**

Proactive Compliance Inspection

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

**Long Term Care Home and City:** Main Street Terrace, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 3-6 and 9-13, 2024

The following intake(s) were inspected:

- Intake: #00124884 - Proactive Compliance Inspection

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

Medication Management  
Food, Nutrition and Hydration  
Safe and Secure Home  
Quality Improvement  
Palliative Care  
Pain Management  
Skin and Wound Prevention and Management  
Resident Care and Support Services  
Housekeeping, Laundry and Maintenance Services  
Residents' and Family Councils  
Infection Prevention and Control

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Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Residents' Rights and Choices

## 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: FLTCA, 2021, s. 6 (2)**

Plan of care

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 on the needs and preferences of that resident.

The licensee failed to ensure that the care set out in the plan of care was based on an assessment and on the needs and preferences of a resident.

### Rationale and Summary

A resident was observed not following their plan of care related to their scheduled fluid plan and was confirmed by the staff.

Staff stated the resident preferred to consume their fluid on a specified time of day.

The home stated there was no risk to the resident if they consumed their planned fluids at their preferred time.

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**Sources:** A resident observations, clinical records and staff interviews.

Date Remedy Implemented: September 9, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

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,  
(b) the resident's care needs change or care set out in the plan is no longer necessary

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

**Rationale and Summary**

A resident was observed using a feeding aid which was different than indicated in their plan of care.

Staff stated the resident had been using their current feeding aid and revised their plan of care.

**Sources:** A resident observations, clinical records and staff interviews.

Date Remedy Implemented: September 9, 2024

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**WRITTEN NOTIFICATION: Residents' Bill of Rights**

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that every resident has the right to have their Personal Health Information (PHI) within the meaning of the Personal Health Information Act, 2004 kept confidential in accordance with that Act, and to have access to their records of PHI, including their plan of care, in accordance with that Act.

**Rationale and Summary**

The home's Professional Advisory Committee (PAC) meeting minutes indicated a resident and a family member were in attendance. The documents presented during the PAC meetings indicated specific resident names and their PHI.

A resident stated they attended PAC meetings with their family which was confirmed by the home.

There was a risk of unauthorized access to residents PHI when their PHI were presented during the PAC meetings when a resident and their family member were in attendance.

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**Sources:** PAC meeting minutes, resident and staff interviews.

## **WRITTEN NOTIFICATION: Doors in a Home**

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when not supervised by staff.

### **Rationale and Summary**

The sprinkler valve doors were observed unattended and unlocked. There were no residents in the vicinity at the time of observation.

Staff stated that the sprinkler valve doors were supposed to be locked when unattended.

There was an increased risk of injury to residents when the sprinkler valve doors were left unlocked.

**Sources:** Unit Observations and staff interviews.

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**WRITTEN NOTIFICATION: Dining and Snack Service**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to comply with their food temperature policy at the point of service to ensure food and fluids were served at a temperature that was both safe and palatable to the residents.

In accordance with O. Reg 246/22, s. 11. (1)(b), the food service worker was required to take and record the temperatures of the menu items for all diet types and textures and record on the Meal Service Daily Temperature Record and in the Menu Software System at the point of service.

Specifically, staff did not comply with the home's food temperature policy that required food service workers to check all food temperature before the meal.

**Rationale and Summary**

Food temperature logs on specified dates indicated missing temperature readings.

The home confirmed that their policy was not followed.

Failure to take the food temperatures before a meal service posed the risk of food served to residents at a temperature that were both unsafe and not palatable.

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**Sources:** Lunch Meal Service observations, Food temperature logs, home's policy LTC Food Temperature Checklist (March 31, 2024) and staff interview.

## WRITTEN NOTIFICATION: Dining and Snack Service

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.**

Dining and snack service

s. 79 (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:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that staff used proper techniques when feeding a resident.

### Rationale and Summary

During meal observation, a staff was observed in a standing position while feeding a resident.

Staff acknowledged that feeding a resident in a standing position created hyperextension of their neck, increasing their risk of choking and aspiration.

The home confirmed that staff should be seated when they assist residents for meals.

Failure to use proper feeding techniques when assisting a resident during meals increased their risk of choking.

**Sources:** Meal observation, a resident's clinical records and staff interviews.

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## **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, which must include the Medical Doctor, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets quarterly 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**

At the time of inspection, the home was not able to present a quarterly medication management program evaluation for 2023.

The home stated they conducted quarterly PAC meetings and annual medication management program evaluation but there was no quarterly evaluation completed for 2023.

There was a risk that the effectiveness of the home's medication management system was not evaluated when quarterly evaluations were not completed.

**Sources:** Annual Program Evaluation and staff interview.



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**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 has failed to 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.

**Rationale and Summary**

The home's 2023 Medication Management Program Evaluation indicated that the Medical Director, the pharmacy service provider and the home's registered dietitian were not included as committee members.

The home stated that they completed the 2023 Medication Management Program Evaluation in collaboration with the home's Executive Director only. The home stated that the home's Medical Director, pharmacist and registered dietitian did not participate in the Medication Management's Annual Program Evaluation.

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There was a risk that the home's medication management program was not updated, based on regulations and standard of practice when the annual program evaluation was not interdisciplinary.

**Sources:** Annual Program Evaluation and staff interview.

### **WRITTEN NOTIFICATION: Security of Drug Supply**

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

**Non-compliance with: O. Reg. 246/22, s. 139 1.**

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee failed to ensure that drugs were stored in an area or medication cart that was used exclusively for drugs and drug-related supplies were kept secured and locked.

### **Rationale and Summary**

A treatment cart was left unattended and unlocked in the unit. The inspector opened the cart and had access to wound dressings and medicated creams prescribed for residents.

The home stated that staff were expected to keep the medication and treatment carts locked when unattended.

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Failure of the home to have the treatment cart locked when unattended increased the risk of unauthorized access to any drugs stored within in.

**Sources:** Unit Observations and staff interviews.

## **WRITTEN NOTIFICATION: Medication Incidents and Adverse Drug Reactions**

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

**Non-compliance with: O. Reg. 246/22, s. 147 (1) (b)**

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

The licensee has failed to ensure that every medication incident involving a resident and every adverse drug reaction was reported to the resident, the resident's substitute decision-maker, if any, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident.

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**Rationale and Summary**

1) A medication incident report indicated that a resident missed their controlled pain medication on a specified date.

2) A medication incident report indicated that a resident missed their night and day medications on specified dates.

Both incident reports did not indicate that the residents, their Substitute Decision Makers (SDMs) and their attending physicians were informed about the medication incidents.

The home stated that both residents, their SDMs and attending physicians were not informed about the medication incidents.

There was a missed opportunity to reduce the effects of medication errors when residents, their SDMs and attending physicians were not informed of the medication incidents.

**Sources:** Medication incident reports and staff interview.

**WRITTEN NOTIFICATION: Quality**

NC #011 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.

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The licensee has failed to ensure the Continuous Quality Improvement (CQI) committee was composed of at least one employee who has been hired as a PSW at the home.

**Rationale and Summary**

PAC meeting minutes' list of attendees on specified dates indicated no presence of PSW in the committee.

The home stated that the PAC was the CQI committee for the home and confirmed that there was no PSW on the CQI committee.

**Sources:** PAC Meeting Minutes and staff interview.