



**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
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Performance Improvement and
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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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 16, 2014	2014_293554_0008	O-001129- 13	Follow up

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

REACHVIEW VILLAGE
130 REACH STREET, UXBRIDGE, ON, L9P-1L3

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

KELLY BURNS (554)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 13-14, 2014

Follow Up Inspection related to Log #O-0001129-13

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Assistant Director of Care(ADOC), Registered Nurses(RN), Registered Practical Nurses(RPN), Personal Support Workers(PSW) and Residents

During the course of the inspection, the inspector(s) conducted a tour of the home, reviewed resident health records specific to medication and pain management, pain monitoring and assessment tools. Reviewed the home's policies relating to pain management, and reviewed staff education records relating to assessment and monitoring of pain, and safe medication administration

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

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. (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,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. Related to Resident #002

The licensee failed to comply with LTCHA, 2007, c.8, s.6(1)(a)(b), by ensuring that there is a written plan of care for each resident that sets out, (a) the planned care for the resident; and (b) the goals the care is intended to achieve.

Resident #002 was identified as experiencing new pain during a specified time period. An analgesic was being administered every four hours as needed for pain relief, medication was documented as being effective. A physician's order was obtained for routine analgesic (twice daily) on a identified date.

Pain Assessments were documented as being completed; assessments indicated the analgesic as being effective for symptom relief.

Registered Practical Nurse (RPN) #104 indicated that pain was new for Resident #002 and should be indicated in resident's care plan as a area of focus.

Assistant Director of Care and DOC, on March 14th, both indicated that pain management should be identified in the care plans for any resident experiencing new pain or having a history of chronic pain.

The care plan did not identify pain as an area of focus, nor did it identify interventions, strategies or evaluation of pain management for this resident. [s. 6. (1)]

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 care set out in the plan of care for each resident that sets out, the planned care for the resident; and the goals the care is intended to achieve, to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 117. Medical directives and orders — drugs

Every licensee of a long-term care home shall ensure that,

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 117.

Findings/Faits saillants :



1. The Licensee failed to comply with O.Reg. 79/10, s.117 (b), by ensuring that no order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs.

A review of Physicians Medication Quarterly Review, for the Resident #001 and Resident #003 indicated that not all medications intended for use on an 'as needed' basis contained specific directions for administration by the Attending Physician, specifically:

1) Related to Resident #001:

Quarterly Medication Review for the time period identified:

- Analgesic (500mg), 1-2 tablets every four hours PRN (as needed) to maximum dose of 8 tablets per day
- Anti-emetic (10mg), 1 tablet by mouth every six hours as needed

Both medications were being administered during a specific time period.

2) Related to Resident #003

Quarterly Medication Review and Physician's Orders for the time period identified:

- a narcotic, 1-2 tablets, by mouth every four hours as required
- a narcotic (2mg), 1 tablet every two hours as needed
- a laxative, (30mLs) by mouth at 1600 as needed

Medications for Resident #003 were being used during a specific time period.

3) The home's policy, PRN Medications-Administration and Documentation (LTC-F-90) directs that PRN medication orders will include the frequency with which the medication may be given, route, dosage and the purpose intended (e.g for sleep, pain, anxiety). [s. 117. (b)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**



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**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 134.	CO #001	2013_184124_0024	554

Issued on this 16th day of June, 2014

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